

1927 LAKESIDE PARKWAY SUITE 614 TUCKER, GEORGIA 30084 404-938-7710

C-586-6-9-19

June 20, 1989

Mr. A. R. Hanke Site Investigation and Support Branch Waste Management Division **Environmental Protection Agency** 345 Courtland Street, N. E. Atlanta, Georgia 30365

Date:

Site Disposition: **EPA Project Manager:** 

Subject:

Screening Site Inspection, Phase I

West Point Pepprell

Lindale, Floyd County, Georgia EPA ID No. GAD00322096 TDD No. F4-8812-29

Dear Mr. Hanke:

FIT 4 conducted a screening site inspection, phase I, of the West Point Pepperell facility in Lindale. Floyd County, Georgia. The inspection included a review of EPA and state file material, completion of a target survey, and a drive-by reconnaissance of the facility.

The West Point Pepperell facility is a textile plant located in the center of the town of Lindale, and is surrounded by residential areas (Ref. 1). The plant began operation approximately 78 years ago. It is believed the plant was originally owned by Massachusetts Manufacturing. Pepperell bought the plant from another previous owner, and was in turn bought by West Point. In 1986, West Point Pepperell sold the plant to Greenwood Manufacturing, and it is presently operated by Lindale Manufacturing, a subsidiary of Greenwood Mills (Ref. 2).

The plant manufactures blue jean material beginning with cotton bales. After the bales of cotton are opened, the cotton is cleaned and then the fibers are aligned, and then stretched. The next step is to spin the fibers into yarn, which are then stretched over beams. The strings are then dyed continuously with Indigo Blue dye (non-hazardous), which is followed by a caustic bath of sodium hydroxide, followed by cold water (Ref. 3, 4, 5). Then the strings are dipped into the dye 5 more times after which they are made into cloth. The fabric then goes through the finishing stage, in which the starch is washed out and the material is preshrunk (Ref. 3).

In the past, washwater, including dyes, was sent to a settling pond. Periodically the sludge was cleaned from the pond and buried adjacent to the plant's treatment facility, northeast of the plant. Any sludge not buried, was put on drying beds and, when dried, was sent to the Floyd County Landfill. Presently the washwater is sent to the treatment plant and all the solids are removed before discharging to the stream running through the center of the facility property (Ref. 3). Wastewater produced from this process is considered non-hazardous. The facility is presently classified as a non-handler of hazardous material by RCRA (Ref. 6).

Mr. A. R. Hanke Environmental Protection Agency TDD No. F4-8812-29 June 20, 1989 - page two

The West Point Pepperell facility is located in the Valley and Ridge Physiographic Province of the Appalachian Valley Division in northwest Georgia. The facility lies in a valley between Booze and Hickory Mountains. The area has a mild climate with an average January temperature of 43°F and an average July temperature of 80°F (Ref. 7). The net annual precipitation for the area is 15 inches (Ref. 8). The 1-year, 24-hour rainfall rate is 3.5 inches (Ref. 9). The elevation at the West Point Pepperell facility is approximately 650 feet (Ref. 10).

Underlying the facility is the Cambrian aged, Conasauga Formation which consists of shale and limestone interbedded in equal proportions. Well depths average 120 feet deep and yields range from 2-25 gpm. There are a few springs that discharge from the formation and average 1-20 gpm near Shannon and 200,000 gpd in Lindale. The average thickness of the formation, based on nearby well data, is approximately 200 feet or greater (ref. 7). Aquifers of Paleozoic age in this area, are generally unconfined (Ref. 11). Beneath the Conasauga Formation is the Rome Formation, which consists of interbedded shale, siltstone, sandstone, and quartzite. The formation ranges from 500-1000 feet thick. Groundwater in the formation generally occurs in secondary openings produced by fracturing and jointing. Well depths average 100 feet deep and yields range from 5-10 gpm. Underlying the Rome Formation is the Shady Dolomite which consists of shale and dolomite. The formation is up to 100 feet thick and has very little potential as an aquifer (Ref. 7).

Though the shales in the formations may act as a confining unit locally, it is not likely they are continuous due to the heavy extent of fracturing and faulting in the area (Ref. 7). The groundwater flow direction is defined by local topography with the hydrologic gradient being towards streams and basins (Ref. 11).

Surface water runoff from the facility flows into Spring Creek which flows through the center of the plant. The creek flows north into the Etowah River which combines with the Oostanaula River to form the Coosa River (Ref. 10). There is recreational fishing in all of the above rivers (Ref. 12).

The sources of water for the Floyd County water system include well water, spring water, and purchased water from the city of Rome. The county's well is located off of Kingston Road, east of the city, approximately 5.75 miles northeast of the facility. The county's well is cased to 125 feet with a total depth of 280 feet. The spring water is from near Cave Springs, approximately 12 miles southwest of the facility (Ref. 1). The city water comes from two intakes; one on the Oostanaula and one on the Etowah River. Neither of these intakes is on the surface water migration path (Refs. 1, 10). The county system supplies approximately 12,000 connections. The system is broken into a number of sections, which are interconnected; but, because of differences in elevation, it is unlikely water from the well would reach all of the customers (Ref. 1).

Approximately 15 miles downstream from the facility, there are a number of companies withdrawing water from the Coosa River for industrial purposes. The largest of these is the Temple-Inland Company, formerly Georgia Kraft, which uses the water in its sawmill plant. Surface water may be used for drinking purposes by the plant's 366 employees (Ref. 13).

The nearest resident is 100 feet west of the facility and the nearest private well is approximately 4400 feet west of the facility. The nearest church to the facility is 100 feet east (Ref. 1). Pepperell High School is approximately 2,600 feet south of the facility (Ref. 10). The population within a 3-mile radius is approximately 11,904 (Ref. 15). The facility is completely surrounded by a chain-link fence (Ref. 1).

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Mr. A. R. Hanke Environmental Protection Agency TDD No. F4-8812-29 June 20, 1989 - page three

The habitats of some endangered or threatened species include the facility area. However, there are no critical habitats designated in Floyd County (Ref. 16).

Based on the results of this evaluation and the above referenced material, FIT 4 recommends that no further remedial action be planned for this facility.

Very truly yours,

Approved:

Hey Schank

Sheri Panabaker

Project Manager

SP/dwf

**Enclosures** 

cc: Mario Villamarzo

#### **REFERENCES**

- 1. NUS Field Logbook No. F4-1284 for West Point Pepperell, TDD No. F4-8812-29. Documentation of facility reconnaissance, March 8, 1989.
- 2. S.A. Dunson, Chamber of Commerce, Rome, GA, telephone conversation with Sheri Panabaker, NUS Corporation, April 28, 1989. Subject: Operating years of West Point Pepperell.
- 3. Randy Edwards, Lindale Manufacturing, telephone conversation with Sheri Panabaker, NUS Corporation, April 14, 1989. Subject: Processes and wastes of the textile mill.
- 4. John Morrow, chemist, NUS Corporation, project note, June 1, 1989. Subject: Non-hazardous nature of Indigo Blue dye.
- 5. Randy Edwards, Lindale Manufacturing, telephone conversation with Sheri Panabaker, NUS Corporation, May 31, 1989. Subject: Caustic bath.
- 6. Barbara Smith, RCRA-Generators, telephone conversation with Sheri Panabaker, NUS Corporation, March 10, 1989. Subject: RCRA Status.
- 7. Charles W.Cressler, "Geology and Ground-Water Resources of Floyd and Polk Counties, Georgia," Information Circular 39, 1970, pp. 2, 4, 6, 8, 9, 10, 69, 78, 81, 82, map.
- 8. U.S. Department of Commerce, <u>Climatic Atlas of the United States</u>, (Washington D.C.: GPO, June 1968) Reprint: 1983, National Oceanic and Atmospheric Administration.
- 9. David M. Hershfield, <u>Rainfall Frequency Atlas of the United States</u>, Technical Paper 40, (USDA, 1985), p. 93.
- U.S. Geological Survey, 7.5 minute series Topographic Quadrangle Maps of Georgia: Rome North 1967 (Photorevised 1985), Rome South 1968 (Photorevised 1985), Shannon 1968 (Photorevised 1985), scale 1:24,000.
- 11. National Water Summary, USGS, Water-Supply paper 2275, 1984, pp. 180-182.
- 12. Gary Besser, GA-DNR, Fisheries Division, telephone conversation with Sheri Panabaker, NUS Corporation, March 16, 1989. Subject: Fishing in the Etowah, Oostanaula, and Coosa Rivers.
- 13. Water Availability & Use Coosa River Basin, Georgia Department of Natural Resources, Environmental Protection Division, 1982, pp. 41, 42.
- 14. Beth Underwood, Chamber of Commerce, Rome, Georgia, telephone conversation with Sheri Panabaker, NUS Corporation, March 1, 1989. Subject: Number of employees for West Point Pepperell and Temple-Island.
- United States Environmental Protection Agency, Graphical Exposure Modeling System (GEMS),
   Data Base, complied from U.S. Bureau of Census Data, 1980.
- 16. U.S. Fish and Wildlife Service, <u>Endangered and Threatened Species of the Southeastern United States</u>, (Atlanta Georgia: 1988).

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HS LL.

MEST FLINT FERFETALL
EFA SITE NUMBER GADOODSGOVS
LINDALS
FLOVE COUNTY, GA
EFA REGION: 4

SOOKE STATUS: IN PREPARATION

SCORED BY SHERI PANABAKER OF NOS CORPORATION ON OB/OR/39

DATE OF THIS REFORT: 05/09/89

SRCUND WATER ROUTE SCORE; 5.00 SUBFACE MATER ROUTE SCORE; 5.00 AIR ROUTS SCORE ; 6.00 MIGRATION SCORE ; 5.00

## HRS GROUND WATER ROUTE SCORE

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|       | PHYSICAL STATE                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | ·                | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>€</b> 3                                                                                |
|       | TOTAL ROUTE CHA                                                                                                                                                                                                                                                                                                                                                                                   | RACTERISTICS S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CORE:                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | į E                                                                                       |
| 3.    | EVAPORATION  NET PRECIPITATION  PERMEABILITY  PHYSICAL STATE  TOTAL ROUTE CHARACTERISTICS  CONTAINMENT  WASTE CHARACTERISTICS  TOXICITY/PERSISTENCE:  WASTE QUANTITY CUBIC YDS DRUMS GALLONS TONS  TOTAL  TOTAL  TOTAL WASTE CHARACTERISTICS  FASSETS  DRIVIND WATER USE  DISTANCE TO NEAREST WELL AND  TOTAL POPULATION SERVED MUMBER OF PERSONS NUMBER OF CONNECTIONS NUMBER OF IRRISATEL AIRSI |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | 3                | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           |
| t a   | WASTE CHARACTER                                                                                                                                                                                                                                                                                                                                                                                   | ISTICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                  | MATERIA (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) ( |                                                                                           |
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|       | WASTE QUANTITY                                                                                                                                                                                                                                                                                                                                                                                    | DRUMS<br>GALLONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0<br>0<br>0<br>0             |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |
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|       | TOTAL WASTE CHAI                                                                                                                                                                                                                                                                                                                                                                                  | RACTERISTICS S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CORE:                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | O                                                                                         |
| en en | THESETS                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t gang dag <del>ang Pilin</del> adah dan 4 mata ta Adriadah salah dan 1 men salah salah . |
|       | GROUND WATER US                                                                                                                                                                                                                                                                                                                                                                                   | Ē                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                  | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ę.                                                                                        |
|       | AND<br>Total Populatio                                                                                                                                                                                                                                                                                                                                                                            | N SERVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4400<br>MATRIK VA<br>23<br>6 |                  | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8                                                                                         |
|       | NUMBER OF PE                                                                                                                                                                                                                                                                                                                                                                                      | RSONS<br>NMECTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |
|       | TOTAL TOWNETS ST                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                         |

## HRS SURFACE WATER ROUTE SCORE

|       | CATEGORY/FACTO                                                                                               | Č                                            | MAN DAMA                                                                                                            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| L.    | DE SCRIMED RELEAS                                                                                            | ? <u>#</u>                                   | FNO                                                                                                                 | 1                                        | , 'S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|       | POUND DESERVITES                                                                                             | CGTICE                                       |                                                                                                                     |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | PITE ECONTED IN<br>SITE VITHIN CLC<br>AMCILITY SLOPE<br>INTERVENING SLC                                      | SELD BABIN                                   | MO<br>N/2<br>- 0.0 %<br>- 0.0 %                                                                                     | 5                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | E HOUR RAINFAL                                                                                               | 1.<br>A                                      | 3.5 IMC                                                                                                             | - <u>E</u>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | CISTANCE TO DOV                                                                                              | N-SLOPE WATER                                | o FEE                                                                                                               | T .3                                     | ÿ.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|       | PHYSICAL STATE                                                                                               |                                              | 7                                                                                                                   | <b>a</b>                                 | ;;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|       | TOTAL ROUTE CHA                                                                                              | RACTERISTICS SO                              |                                                                                                                     |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3.    | CONTAINMENT                                                                                                  |                                              |                                                                                                                     | 3                                        | en e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| die g | WASTE CHARACTER                                                                                              | STICE                                        | e financia, ya ya magazaf di Mala a safa mada hangafi di Patri ata ada mpilada hafiti Malada a safa anga ay di      |                                          | . With the second secon |
|       | TOXICITY/PERSIS                                                                                              | TENDE:                                       |                                                                                                                     |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | YTITMAUD BYBAK                                                                                               | CUEIC YES<br>DRUMS<br>BALLOMS<br>TOMS        | 0<br>0<br>0                                                                                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|       | TOTAL WASTE CHA                                                                                              | RACTERISTICS SC                              | CREI                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|       | SURFACE WATER U                                                                                              | SE                                           |                                                                                                                     |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | DISTAN <b>CE TO</b> SEN<br>COAS <b>TAL</b> WETL<br>FRESH-WATER<br>CRITICAL HAS                               | ANDS<br>Wetlands                             |                                                                                                                     | 9                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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## HRE ASE FLOOR EMPT

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## E. TORBETS

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DISTRIE TO SENGITIVE ENVIRONMENTS COASTAL WETLANDS FRESH-WATER WETLANDS CRITICAL HABITAT

OISTANCE TO LAND USES
COMMERCIAL/INDUSTRIAL
FARK/FOREST/RESIDENTIAL
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FRIME FARMLAND
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TOTAL TARGETS SCORE:

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| CONTRACTOR BOOK AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |     |
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## RCRA/NPL POLICY QUESTIONNAIRE FOR INITIAL SCREENING

| Site Name: West Voint Properell                                                                                                                              |             |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|
| city: Lindale State: Ga                                                                                                                                      |             |                            |
| EPA I.D. Number: (-ADO03322096                                                                                                                               |             |                            |
| Type of Facility: Generator Transporter Dispo<br>Treatment Storage (more than 90 d                                                                           | sal<br>ays) | _                          |
| I. RCRA APPLICABILITY                                                                                                                                        | yes         | no                         |
| Has this facility treated, stored or disposed of a RCRA hazardous waste since Nov. 19, 1980?                                                                 |             | _                          |
| Has a RCRA Facility Assessment (RFA) been performed on this site?                                                                                            | <del></del> |                            |
| Does the facility have a RCRA operating or post-closur permit? If so, date issued                                                                            | e           | _                          |
| Did the facility file a RCRA Part A application? If so:                                                                                                      |             |                            |
| 1) Does the facility currently have interim status 2) Did the facility withdraw its interim status? 3) Is the facility a known or possible protective filer? | ?           | $\stackrel{\checkmark}{=}$ |
| Is the facility a late (after Nov. 19, 1980) or non-filer that has been identified by EPA or the State?                                                      |             |                            |
| STOP HERE IF ALL ANSWERS TO QUESTIONS IN SECTION I                                                                                                           | ARE NO      |                            |
| II. FINANCIAL STATUS                                                                                                                                         |             |                            |
| Is the facility owned by an entity that has filed for bankruptcy under federal or State laws?                                                                |             |                            |
| III. RCRA ENFORCEMENT STATUS                                                                                                                                 |             |                            |
| Has the facility lost authorization to operate or had its interim status revoked?                                                                            |             |                            |
| Has the facility been involved in any other RCRA enforcement action?                                                                                         |             |                            |

#### **RECONNAISSANCE CHECKLIST FOR HRS2 CONCERNS.**

Instructions: Obtain as much "up front" information as possible prior to conducting fieldwork. Complete the form in as much detail as you can, providing attachments as necessary. Cite the source for all information obtained.

Site name: West Point Pepperell

City, County, State: Lindule / Floyd / Georgia

EPAID No.: 6-ADOO 3322096

Person responsible for form: Sheri Panabaket

Date: April 28,1989

## Air Pathway

Describe any potential air emission sources onsite: Nene

Identify any sensitive environments within 4 miles: None

Identify the maximally exposed individual (nearest residence or regularly occupied building - workers do count):  $\omega_{CCKECC}$ 

### **Groundwater Pathway**

Identify any areas of karst terrain: None.

Identify additional population due to consideration of wells completed in overlying aquifers to the AOC: Nine

Do significant targets exist between 3 and 4 miles from the site?  $N_{\odot}$ 

Is the AOC a sole source aquifer according to Safe Drinking Water Act? (i.e. is the site located in Dade, Broward, Volusia, Putnam, or Flager County, Florida)  $W_O$ 

## Surface Water Pathway

Are there intakes located on the extended 15-mile migration pathway?

Nes , for industry,

Are there recreational areas, sensitive environments, or human food chain targets (fisheries) along the extended pathway? Recreational fishing in the rivers

## Onsite Exposure Pathway

Is there waste or contaminated soil onsite at 2 feet below land surface or higher?

is the site accessible to non-employees (workers do not count)?  $M\phi$ 

Are there residences, schools, or daycare centers onsite or in close proximity? The area is surrounded by residential areas and there is a church across the street

Are there barriers to travel (e.g., a river) within one mile? A small stream passes through the facility and there are mountains nearly (w/m 1-2 miles).

The state of the s

## **\$EPA**

# Potential Hazardous Waste Site

Site Inspection Report





## Site Inspection Report

| 0 FB4                                           | PC                       | STENTIAL HAZA    | ADOUS WASTE SITE         | 1. 1               | DENTIFICATION              |
|-------------------------------------------------|--------------------------|------------------|--------------------------|--------------------|----------------------------|
| <b>SEPA</b>                                     |                          | SITE INSPE       | CTION REPORT             | 019                | A (ADO) 33220              |
|                                                 |                          | ITE LOCATION A   | NO INSPECTION INFOR      | MATION             | A (AD0033220               |
| . SITE NAME AND LO                              |                          |                  |                          |                    |                            |
| OT SITE NAME Lago James                         |                          |                  | 02 STREET, MOUTE NO., OR |                    | NGA                        |
| west poi                                        | nt Peppere               | LL               | Park S                   | T.                 |                            |
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| I A. EPA XS EPA                                 | CONTRACTOR               | Corporation      | C. C. MUNICIPAL CID.     | MUNICIPAL CONTRACT | OR                         |
| I E. STATE I F STAT                             | TE CONTRACTOR            |                  | _ C 0. OTHER             | Secretar           | Name of their              |
| SE CHIEF INSPECTOR                              | 2 ,                      | os mus           |                          | 07 ORGANIZATION    | OR TELEPHONE NO            |
| Sher! f                                         | anabakur                 | FIT TO THE       | TEAM                     | Region             | 4 (4041938-77/2            |
| OTHER REFECTORS                                 | Carton                   | F 7 -            | Team                     | Region 4           | 112 TRUEPHONE NO           |
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| DI PHYSICAL ST<br>TA SOUD<br>TO POWDER<br>TO SLUDGE | TATES Crecked from easily  I E SLUMBRY  IN FINES IF LIQUID | OZ WASTE QUANT  | TY AT STE           | CA TOREC<br>A TOREC<br>B COMME<br>C RACIO<br>C PERME | ERETICS (Cheer of the o | BLE I HIGHLY THOUS I SEPLOS MABLE I K REACT ABLE I L MCOM | sme<br>Me     |
| III. WASTE T                                        | YPE                                                        | <del></del>     |                     | <del>•</del>                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                               | <del></del>   |
| CATEGORY                                            | SUBSTANCE N                                                | wal             | O1 GROSS AMOUNT     | DZ UNIT OF WEARURE                                   | 03 COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |               |
| SLU                                                 | SLUDGE                                                     |                 |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                               |               |
| OLW                                                 | OILY WASTE                                                 |                 |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
| SOL                                                 | SOLVENTS                                                   |                 |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
| P\$0                                                | PESTICIDES                                                 |                 |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
| ∞cc                                                 | OTHER ORGANIC CH                                           | EMICALS         |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
| 100                                                 | INORGANIC CHEMIC                                           | 443             |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
| 400                                                 | 4CI06                                                      |                 |                     |                                                      | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | <del></del>   |
| 848                                                 | eages                                                      |                 |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
| MES                                                 | HEAVY METALS                                               |                 |                     | l                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
| IV. HAZAROG                                         | NUE SUBSTANCES (See As                                     |                 | n alas CAS Assessay |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
| O1 CATEGORY                                         | 02 SUBSTANCE N                                             |                 | 03 CAS XLHESSA      | 04 STORAGE/DIS                                       | POSAL METHOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 06 CONCENTRATION                                          | CONTRACTOR OF |
|                                                     |                                                            |                 |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b></b>                                                   | <u> </u>      |
|                                                     |                                                            |                 |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u></u>                                                   |               |
|                                                     |                                                            |                 |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
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|                                                     |                                                            |                 | L                   |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L                                                         |               |
| T                                                   |                                                            |                 |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | 1             |
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|                                                     |                                                            |                 |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | <u> </u>      |
|                                                     |                                                            |                 |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u></u>                                                   | <b>↓</b>      |
|                                                     |                                                            |                 |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b></b>                                                   | <b></b>       |
|                                                     |                                                            | _               | {                   | I                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                         |               |
| V. PEEDSTO                                          | ILS : San Appendian de la Caracte                          | <del></del>     | <del></del>         |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
| CATBOORY                                            | 91 FBB9700                                                 |                 | OR CAS HAMEST       | CATEGORY                                             | 01 PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DOX NAME                                                  | 02 CAS NUMBER |
| FDB                                                 |                                                            |                 | 1                   | FDS                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
| FDS                                                 | <u> </u>                                                   |                 | 1                   | FOS                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | ·             |
| FD6                                                 | <del></del>                                                |                 | <u> </u>            | FOR                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
| FOS                                                 |                                                            |                 |                     | 706                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
|                                                     | OF INFORMATION CO.                                         | م مستقل المستقل |                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |               |
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SPA POPM 2070-13(7-81)

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| <b>⊕EPA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                               |           | O1 STATE | 32 SITE YUMBER                                                                                                                                                                                                                  |
| I MARON CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2 - RESCHIE LIGH  | OF HAZARDOUS CONDITIONS AND                   | INCIDENTS |          | THE NUMBER                                                                                                                                                                                                                      |
| The Paris of the P |                   |                                               |           |          |                                                                                                                                                                                                                                 |
| 31 TA GROUNOWATER CONTAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MATION            | 02 C OGGETVED (DATE                           |           |          |                                                                                                                                                                                                                                 |
| TO STOCK TO TENTIALLY AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PECTED:           | 02 C OBSERVED (DATE:                          | ) = F     | OTENTAL  | = ALLEGE                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                               |           |          |                                                                                                                                                                                                                                 |
| 31 TB SURFACE WATER CONTAME<br>33 POPULATION POTENTIALLY AFFE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | INATION<br>ECTED: | 02 COSSERVED (DATE                            |           |          |                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 04 NAMPATIVE DESCRIPTION                      |           | PTENTIAL | ئة المستقادة على المستقادة المستقادة المستقادة المستقادة المستقادة المستقادة المستقادة المستقادة المستقادة الم<br>المستقادة المستقادة |
| C1 I C CONTAMINATION OF AIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | 02 = 1                                        |           |          |                                                                                                                                                                                                                                 |
| SO POPOLATION POTENTIALLY AFPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CTED:             | 02 T UBGERVED (DATE: 04 NARRATIVE DESCRIPTION | ) = PO    | TENTIAL  | I ALLEGED                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | TON TON                                       |           |          | _ ~~=:0                                                                                                                                                                                                                         |
| 01 C 0 FRE/EURLOGIVE CONDITION<br>03 POPULATION POTENTIALLY AFFEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | 02 C COSSERVED (DATE                          |           |          |                                                                                                                                                                                                                                 |
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| 1 C E. DIRECT CONTACT<br>3 POPULATION POTENTIALLY AFFECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   | 02 COMBINED (DATE:                            |           |          |                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 04 NAMATIVE DESCRIPTION                       |           | ENTIAL   | I ALLEGED                                                                                                                                                                                                                       |
| IF CONTAMENATION OF SOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | 02 C COSSERVED (DATE:                         |           |          |                                                                                                                                                                                                                                 |
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| C G. OFFICE WATER CONTAMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TON               | OE CI CONSTINED (DATE:                        |           |          |                                                                                                                                                                                                                                 |
| POPULATION POTENTIALLY APPROTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ·                 | 04 NASPATIVE DESCRIPTION                      | _) @ 1019 | THE      | 3 ALLEGED                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                               |           |          |                                                                                                                                                                                                                                 |
| C H. WORKER ESPERALLY AFFECTED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 02 COMMINED (DATE:                            | .) @ POTE | MA:      |                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 04 NARRATIVE DESCRIPTION                      |           |          | C ALLEGED                                                                                                                                                                                                                       |
| I. POPULATION ESPOSURE/NAURY<br>OPULATION POTENTIALLY APPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | OR COMMINED (DATE:                            |           |          |                                                                                                                                                                                                                                 |
| - Service of the Control of the Cont | Z                 | 04 NAVINATIVE DESCRIPTION                     | ) C POTEM | ML       | CALLEGED                                                                                                                                                                                                                        |
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| O COA POTENTIAL H                                                                                                   | AZARDOUS WASTE SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I. IDENTIFICATION |             |  |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|--|
| SEPA SITE INS                                                                                                       | OI STATE 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SITE HARER        |             |  |
| PART 3 - DESCRIPTION OF HA                                                                                          | ZARDOUS CONDITIONS AND INCIDENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u> </u>          | <del></del> |  |
| L HAZARDOUS CONDITIONS AND INCIDENTS Commission                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |             |  |
| 01 II J DAMAGE TO FLORA<br>04 NARRATIVE DESCRIPTION                                                                 | 02 C OGGETVED (DATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | POTENTIAL.        | I ALLEGED   |  |
| DI J K DAMAGE TO FAUNA<br>DA NARRATIVE DESCRIPTION INCLISE COMPRES OF MODERN                                        | OZ I OBSERVED (DATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | POTENTIAL         | I ALLEGED   |  |
| 1 = L CONTAMINATION OF FOOD CHAIN<br>4 NARRATIVE DESCRIPTION                                                        | 02 C OBSERVED (DATE:)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POTENTIAL         | I ALLEGED   |  |
| 1 C M UNSTABLE CONTAINMENT OF WASTES  30th Parent Standay Maries Lineary Standay 3 POPULATION POTENTIALLY AFFECTED: | 02 C DESERVED (DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | POTENTIAL         | Z ALLEGED   |  |
| 1 T N DAMAGE TO OFFSITE PROPERTY<br>4 NAMEATIVE DESCRIPTION                                                         | 02 C CORRETVED (DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POTENTIAL         | C ALLEGED   |  |
| O CONTAMINATION OF SEWERS, STORM DRAMS, WWTPS<br>I NARRATIVE DESCRIPTION                                            | 02 C CORRETVED (DATE:)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | POTENTIAL         | I ALLEGED   |  |
| T P ILLEGAL/UNAUTHORIZED DUMPING                                                                                    | 02 C 00007/VED (DATE:) C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | POTENTIAL         | C ALLEGED   |  |
| DESCRIPTION OF ANY OTHER IGNORE, POTENTIAL, OR ALLES                                                                | ED HAZARDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |             |  |
| TOTAL POPULATION POTENTIALLY APPECTURE                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |             |  |
|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |             |  |
| SCURCES OF INFORMATION (CON STREET, CONTINUES, & p. 1800 Stat. IN                                                   | antin distribution (Control of the Control of the C |                   |             |  |

EPA PORM 2070-13 (7-61)

|                                                                                                                                                     | POT           | ENTIAL HAZ       | ARDOU                                   | S WASTE SITE                   |                                          | LIDENTIFICATION           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|-----------------------------------------|--------------------------------|------------------------------------------|---------------------------|
| <b>⊕EPA</b>                                                                                                                                         |               | SITE             | ISPEC1                                  | TION                           | [                                        | STATE DE STE NUMBER       |
|                                                                                                                                                     | PART 4        | PERMIT AND       | )ESCRIP                                 | TIVE INFORMAT                  | 10N 1                                    |                           |
| II. PERMIT INFORMATION                                                                                                                              |               |                  |                                         |                                | ~~~~                                     |                           |
| TYPE OF PERMIT SSLED                                                                                                                                | 02 PERMIT MUM | TAD ED           | 1 40UED                                 | 04 DIPPRATION DATE             | OS COMMENTS                              |                           |
| Charle of the agent                                                                                                                                 |               |                  |                                         | Ì                              | j                                        |                           |
| A NPOES                                                                                                                                             |               | <del></del>      |                                         | <del></del>                    |                                          |                           |
| I B UIC                                                                                                                                             |               |                  |                                         |                                |                                          |                           |
| IC AM                                                                                                                                               |               |                  |                                         |                                |                                          |                           |
| ID ACRA                                                                                                                                             |               |                  |                                         | ·                              |                                          |                           |
| E ACRA INTERM STATUS                                                                                                                                |               |                  |                                         |                                |                                          |                           |
| E F SPCC PLAN                                                                                                                                       |               | <del></del> -    |                                         |                                |                                          |                           |
| I 3. STATE Second                                                                                                                                   |               |                  |                                         |                                |                                          |                           |
| TH LOCAL SHEET                                                                                                                                      |               |                  |                                         |                                |                                          | <del></del>               |
| II OTHER SHOW!                                                                                                                                      | <del></del>   |                  |                                         |                                |                                          |                           |
| I J NONE                                                                                                                                            |               |                  |                                         |                                |                                          |                           |
| . SITE DESCRIPTION                                                                                                                                  |               |                  |                                         |                                |                                          |                           |
| STORAGE DISPOSAL Cross as their easily)                                                                                                             | 02 AMOUNT 0   | 3 UNIT OF MEABUR | 04 TR                                   | BATHENT (Cross of the a        |                                          | OS OTHER                  |
| A SURFACE IMPOUNDMENT                                                                                                                               |               | <del></del>      | 1 -                                     | NCENERATION                    |                                          | I A. BUILDINGS ON SITE    |
| C 8. PILES<br>C C. DRUMB, ABOVE GROUND                                                                                                              |               |                  |                                         | MORPOROUND NU                  |                                          | The second of the         |
| C D. TANK, ABOVE GROUND                                                                                                                             |               |                  |                                         | CHEMICAL/PHYSICA<br>BIOLOGICAL | L                                        |                           |
| E. TANK. BELOW GROUND                                                                                                                               |               |                  |                                         | MASTE OIL PROCES               |                                          | DO AMEA OF SITE           |
| SF LANOPILL .                                                                                                                                       |               |                  | I                                       | SOLVENT RECOVER                |                                          |                           |
| I Q. LANDPARM                                                                                                                                       | <del></del>   |                  | a a                                     | OTHER RECYCLING                | RECOVERY                                 |                           |
| TH. OPEN DUMP                                                                                                                                       |               | <del></del>      | O H.                                    | OTHER                          |                                          |                           |
| C I. OTHER                                                                                                                                          |               |                  |                                         |                                | <del></del>                              |                           |
|                                                                                                                                                     |               |                  |                                         |                                |                                          |                           |
|                                                                                                                                                     |               |                  |                                         |                                |                                          |                           |
| CONTAINMENT                                                                                                                                         |               | ····             | <del></del>                             |                                |                                          |                           |
| CONTABBIENT OF WASTER (Chair and                                                                                                                    |               |                  |                                         |                                |                                          |                           |
| CONTAMBIENT OF WASTES (Chase and)                                                                                                                   | C B. MODERATE | I 0¢.            | •wosou                                  | ATE, POOR                      | C 0. MEECU                               | NE, UNICOUND, CANGEROUS   |
| CONTABBIENT OF WASTER (Chair and                                                                                                                    |               | I G 6.           | *************************************** | ATE, POOR                      | CI 0. 0400CU                             | NE, UNICOUND, DANIGEROUS  |
| CONTARMENT OF WASTES (Chair and  A. ADEQUATE, SECURE DESCRIPTION OF DRUME, ORDER, LINERS, ACCESSISILITY                                             |               | I @ 6.           | •weedu                                  | ATE POOR                       | G 0. *********************************** | NE, UNISCUNO, DANGEROUS   |
| CONTARMENT OF WASTES (CHAIR 1995)  A. ADEQUATE, SECURE DESCRIPTION OF DRUMS, ORDINS, LINEING.                                                       |               | ı c              | PAGEGU                                  | ATE, POOR                      | C 0. MESCU                               | NE. UNICOUND, DANIGEROUS  |
| CONTARMENT OF WASTES (Chair and  A. ADEQUATE, SECURE  DESCRIPTION OF DRUME, CHORA, LIMERS,  ACCESSIBILITY  O1 WASTE SARLY ACCESSIBLE:   O2 COMMENTS | S C NO        |                  |                                         | ATE, FOOR                      | C 0. MECU                                | VE. UNICOUND. DANIGEROUS  |
| CONTARMENT OF WASTES JOHN ON THE ALL ADEQUATE, SECURE DESCRIPTION OF DRUMS, CHICAS, CHICAS, LINERS, ACCESSISSILITY  OF WASTE SARLY ACCESSISS.       | S C NO        |                  |                                         | ATE, POOR                      | C 0. *****Cu                             | NE. UNEOUND, DANIGENOUS   |
| CONTARMENT OF WASTES (Chair and  A. ADEQUATE, SECURE  DESCRIPTION OF DRUME, CHORA, LIMERS,  ACCESSIBILITY  O1 WASTE SARLY ACCESSIBLE:   O2 COMMENTS | S C NO        |                  |                                         | ATE, POOR                      | C 0. *********************************** | NE. UNICOUND, DANIGEROUS  |
| CONTARMENT OF WASTES (Chair and  A. ADEQUATE, SECURE  DESCRIPTION OF DRUME, CHORA, LIMERS,  ACCESSIBILITY  O1 WASTE SARLY ACCESSIBLE:   O2 COMMENTS | S C NO        |                  |                                         | ATE, POOR                      | CI O. MERCUI                             | NE. UNICOLINO. CAMIGEROUS |

EPA POPM 2070-13 (7-01)

|                   |                                    | POTE                                                                     | ENTIAL HAZAI                                   | ARDOUS WASTE SITE |              |                      |            | I. IDENTIFICATION           |      |  |
|-------------------|------------------------------------|--------------------------------------------------------------------------|------------------------------------------------|-------------------|--------------|----------------------|------------|-----------------------------|------|--|
| SEP               | Α .                                | PART S-WATER                                                             | SITE INSPEC                                    | TION RE           | PORT         |                      | 01 57      | ATE OR SITE HUMBER          |      |  |
| 11 08thr/ha       | W 4 222 211221 V                   | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7                                  |                                                | O, 2110 E         |              |                      |            |                             |      |  |
| <del></del>       | WATER SUPPLY                       |                                                                          |                                                |                   |              |                      | Г          |                             |      |  |
| OI TYPE OF ORD    | KING SUPPLY                        |                                                                          | 02 STATUS                                      |                   |              |                      | 03         | DISTANCE TO SITE            |      |  |
| 1                 | SURFACE                            |                                                                          | ENDANGER                                       | _                 | CTED         | MONITORED            |            |                             |      |  |
| NON-COMMUN        | A D                                | 6. C)                                                                    | A. 🗆<br>D. 🗆                                   | _                 |              | G. 🖸 🔰               |            | (m)                         |      |  |
| III. GROUNOW      |                                    |                                                                          |                                                |                   | <del>-</del> |                      |            | <u> </u>                    |      |  |
|                   | ER USE IN VICINITY CAME            |                                                                          |                                                |                   |              |                      |            | <del></del>                 |      |  |
| I A ONLY S        | OUNCE FOR ORNICHE                  | 2 8 OFFICE OFFI<br>OFFICE OFFICE AND | IIII)<br>DUSTRIAL, INFRIDATIO<br>PS OFFICIALIS |                   | OMAGE CO     | N. HOUSTRAL MAIGAT   | пон :      | C D MOT USED, UMUSEAR       | LĒ.  |  |
| DZ POPULATION S   | BERVED BY GROUND WA                | TEA                                                                      |                                                | 03 DIETANE        | E TO NEAR    | EST CRUCKING WATER   | WBLL       |                             |      |  |
| 04 DEPTH TO GRO   | RETAWONU                           | OS DIRECTION OF GRO                                                      | UNOWATER FLOW                                  | 06 DEPTH T        |              | OF AGUIPER           | و          | 06 SOLE SOURCE AQUI         | FER  |  |
|                   | (ff)                               | <u></u>                                                                  | <del></del>                                    |                   |              |                      | _ (004)    | CIYES CH                    | 0    |  |
|                   | OF WELLS (Season) Season           |                                                                          |                                                |                   |              | <del></del>          |            |                             |      |  |
| 10 RECHARGE ARE   |                                    | · · · · · · · · · · · · · · · · · · ·                                    |                                                | 11 018CHAF        | *****        | <del></del>          |            | ·                           |      |  |
|                   | MANUTS                             |                                                                          |                                                | □ YES             | COMME        | MTB                  |            |                             |      |  |
| C NO              |                                    |                                                                          |                                                | □ NO              |              |                      |            |                             |      |  |
| IV. SURFACE V     | VATER                              |                                                                          |                                                |                   |              | <del></del>          |            |                             |      |  |
| OI SUPPACE WATE   | In use /cheer eng                  |                                                                          |                                                | <del></del>       |              |                      |            |                             |      |  |
|                   | ION, RECREATION<br>IS WATER SOURCE |                                                                          | N. SCONOMICALLY<br>T RESOURCES                 | <b>Q 6</b> . (    | X TEMMOS     | CAL HOUSTRAL         | <b>3 6</b> | ). <b>NOT CURRENTL</b> Y US | ieo  |  |
| 22 AFFECTED/POT   | BYTIALLY APPECTED OF               | COURS OF WATER                                                           |                                                |                   |              |                      |            |                             |      |  |
| NAME:             |                                    |                                                                          |                                                |                   |              | APPECTED             |            | DISTANCE TO SITE            |      |  |
|                   |                                    |                                                                          |                                                |                   |              |                      | _          |                             | (ma) |  |
|                   |                                    |                                                                          |                                                |                   |              |                      | _          | <del></del>                 | (m)  |  |
|                   |                                    |                                                                          |                                                |                   |              |                      |            |                             | (mi) |  |
| كالمستحدث         | HIC AND PROPERT                    | Y REPORTATION                                                            |                                                |                   |              |                      |            |                             |      |  |
| 1 TOTAL POPULA    |                                    |                                                                          |                                                |                   | - 1          | DE SUSTANCE TO HEAVE | IST POPU   | LATION                      |      |  |
| ONE (1) MILE      | of site 14                         | DOMEST OF THE                                                            |                                                | MILES OF          |              |                      |            |                             |      |  |
| 4000              | 40-0                               | 40000                                                                    | C                                              | 0 PER 10          | -            |                      |            | ( <b>mi</b> )               |      |  |
| SO HAMBOUR OF THE | LD=40 will(a) 700 (a)              | AROM .                                                                   |                                                | 04 DESTANC        | TO HEAD      | -                    |            |                             |      |  |
|                   |                                    |                                                                          |                                                | †                 |              |                      |            | <b>14)</b>                  |      |  |
| OF POPULATION W   | -                                  | Maries contains countries of                                             | -                                              |                   |              |                      | **         |                             |      |  |
|                   |                                    |                                                                          |                                                |                   |              |                      |            |                             |      |  |
|                   |                                    |                                                                          |                                                |                   |              |                      |            |                             |      |  |
|                   |                                    |                                                                          |                                                |                   |              |                      |            |                             |      |  |
|                   |                                    |                                                                          |                                                |                   |              |                      |            |                             |      |  |
|                   |                                    |                                                                          |                                                |                   |              |                      |            |                             |      |  |

EPA FORM 2070-13 (7-81)

| SEPA                            |                                              | CITE INC.                                                                 | ARDOUS WAS           | TE SITE                 | I DENTIFICATION            |  |
|---------------------------------|----------------------------------------------|---------------------------------------------------------------------------|----------------------|-------------------------|----------------------------|--|
|                                 |                                              | SITE INSPECTION REPORT PARTS - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA |                      |                         |                            |  |
| VI. ENVIRONMENTAL NEORN         | 44000                                        |                                                                           | THIC, AND ENVIR      | ONMENTAL DATA           | OT STATE OF SITE HUMBER    |  |
| 31 PERMEABLITY OF LASAFURATED   | PA I ION                                     |                                                                           |                      |                         |                            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
| _ A 10-* - 10                   | ) <sup>-6</sup> cmvsec                       | -4 - 10-4 cmvaec                                                          | □ C. 10-4 - 10-3 c   | INVOCE C D. GREATER     |                            |  |
| 32 PERMEABILITY OF BEDROCK Chee | 000                                          |                                                                           |                      | O . GAEVIEW             | THAN 10-3 CRVSC            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
| .asa Aun                        | 3 - 9 :m test 10                             | LATIVELY IMPERMEN                                                         | BLE I C RELATIVE     | LY PERMEABLE TO         | VERY PERMEANIC             |  |
| DI DEPTH TO BEDROCK             | 34 DEPTH OF CONTAN                           |                                                                           |                      | SR/ Baci                | Green man 10 " ( province) |  |
|                                 |                                              | MATER SOIL ZOME                                                           | 05 SOR 6             | -                       |                            |  |
|                                 |                                              | (ft)                                                                      | į                    |                         |                            |  |
| DE NET PRECIPITATION            | OF ONE FEAR 24 HOUR                          | PANEALL                                                                   | Q8 \$LQ88            |                         |                            |  |
| (n)                             |                                              |                                                                           |                      | DIRECTION OF SITE SI    | OPE TERRAIN AVERAGE SLO    |  |
| PLOOD POTENTIAL                 |                                              | (in)                                                                      | <del></del>          |                         | PETTON AVERAGE SLO         |  |
|                                 | 10                                           |                                                                           |                      | L                       |                            |  |
| SITE IS INYEAR FLOX             | ODPLAN                                       | SITE IS ON BARRI                                                          | ER ISLAND. COASTA    | L HIGH HAZARO AREA. R   | NERMS III COCHIA           |  |
| DISTANCE TO WETLANDS I SEE THE  | ~                                            |                                                                           |                      |                         |                            |  |
| ESTUARME                        | OTHE                                         |                                                                           | . e mai vuice 10 CUL | CAL HABITAT IN MEMORING | Man                        |  |
|                                 | • • • • • • • • • • • • • • • • • • • •      | •                                                                         |                      |                         |                            |  |
| A(mi)                           | <u> </u>                                     | (mi)                                                                      | ENDAMAGE             | D SPECIES:              |                            |  |
| COURT OF IN AICHELA             |                                              |                                                                           |                      |                         |                            |  |
| DISTANCE TO:                    |                                              |                                                                           |                      |                         |                            |  |
| A (mi)                          | S. (200) 100 100 100 100 100 100 100 100 100 | 0                                                                         |                      | C(r                     | M 0 THI                    |  |
|                                 | CO-CO                                        | APAN                                                                      |                      |                         |                            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
| • .                             |                                              |                                                                           |                      |                         |                            |  |
| • .                             |                                              |                                                                           |                      |                         |                            |  |
| • .                             |                                              |                                                                           |                      |                         |                            |  |
| • .                             |                                              |                                                                           |                      |                         |                            |  |
| • •                             |                                              |                                                                           |                      |                         |                            |  |
| • .                             |                                              |                                                                           |                      |                         |                            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
| • •                             |                                              |                                                                           |                      |                         |                            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
|                                 |                                              |                                                                           |                      |                         |                            |  |
| NACES OF INFORMATION (S         |                                              |                                                                           |                      |                         |                            |  |
| OUNCES OF INFORMATION (CI       | P County Colonians, A.S., Col                | P Allah asmisin ataspush, report                                          |                      |                         |                            |  |
| XURCES OF INFORMATION (CR       | Continues of the                             |                                                                           |                      |                         |                            |  |
| NACES OF INFORMATION (SE        | Total chance, a.c.                           | · Can account county of the                                               |                      |                         |                            |  |

EPA POPM 2070-13(7-81)

| <b>≎EP</b> A             |             |                                        | POTENTIAL HAZARDOUS WASTE SITE<br>SITE INSPECTION REPORT<br>PART 6 - SAMPLE AND FIELD INFORMATION | L IOENTIFICATION<br>01 STATE 02 STE NAMED |
|--------------------------|-------------|----------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|
| IL SAMPLES TAK           | EN          | ************************************** |                                                                                                   |                                           |
| SAMPLE TYPE              |             | SAMPLES TAKEN                          | 02 SAMPLES SENT TO                                                                                | STAG DETAMENTED CO                        |
| GROUNDWATER              |             |                                        |                                                                                                   |                                           |
| SURFACE WATE             | R           |                                        |                                                                                                   |                                           |
| MASTE                    |             |                                        |                                                                                                   |                                           |
| APR                      |             |                                        |                                                                                                   |                                           |
| RUNOFF                   |             |                                        |                                                                                                   |                                           |
| SPILL                    |             |                                        |                                                                                                   |                                           |
| SOL                      |             |                                        |                                                                                                   |                                           |
| VEGETATION               |             |                                        |                                                                                                   |                                           |
| OTHER                    |             |                                        |                                                                                                   |                                           |
| M. FIELD MEASUR          |             |                                        |                                                                                                   |                                           |
| OI TYPE                  |             | OE COMMENTS                            |                                                                                                   |                                           |
|                          |             | •                                      |                                                                                                   |                                           |
|                          |             |                                        |                                                                                                   | <del></del>                               |
|                          |             |                                        |                                                                                                   |                                           |
|                          |             |                                        |                                                                                                   |                                           |
| IV. PHOTOGRAPH           | 6 AND MAPS  |                                        |                                                                                                   |                                           |
| OF TYPE C GROUP          | 0 0 45744   | Ì                                      | OE IN CLETORY OF                                                                                  | <b>J</b>                                  |
| os Mage<br>C yes<br>C NO | 04 LOCATION | OF HAPE                                |                                                                                                   |                                           |
| V. OTHER PIELD D         | ATA COLLEC  |                                        |                                                                                                   |                                           |
|                          |             |                                        |                                                                                                   |                                           |
|                          |             |                                        |                                                                                                   |                                           |
|                          |             |                                        |                                                                                                   |                                           |
| VI. SOURCES OF I         | MFORMATIO   | N riche quarte returness.              | n.g., com den combo contrat, resorts                                                              |                                           |
|                          |             |                                        |                                                                                                   |                                           |
|                          |             |                                        |                                                                                                   |                                           |
|                          |             |                                        |                                                                                                   |                                           |
| EPA POPM 2070-13 (7-     | 444         |                                        |                                                                                                   |                                           |

| OFDA                                        |          | POTENTIAL HAZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ARDOUS WASTE SITE                                                 | I. IDENTIFICATION                      |                   |  |  |  |
|---------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------|-------------------|--|--|--|
| <b>⊕EPA</b>                                 |          | site in <b>s</b> pi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ECTION REPORT<br>NER INFORMATION                                  | O STATE O                              | 2 SITE NUMBER     |  |  |  |
| II. CURRENT OWNERS)                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PARENT COMPANY -                                                  |                                        | <del></del>       |  |  |  |
| D1 NAME                                     |          | 02 0+6 HARER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DE NAME                                                           |                                        | 00 0 - 8 NUMBER   |  |  |  |
| 03 STREET ADDRESS # 2 Set 440 / He .        |          | 04 SIC COOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10 STREET ADDRESS IP O But. MO d one I                            | <del></del>                            | 11 SC COOE        |  |  |  |
| os cirv                                     | DE STATE | 07 ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12 CITY                                                           | TATE C                                 | 1 4 ZP CCOE       |  |  |  |
| O1 NAME                                     |          | 02 D+8 MUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OB NAME                                                           | 09 0 + 8 NUMBER                        |                   |  |  |  |
| O3 STREET ADDRESS (P O das AFD F me .       |          | 04 SIC COOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10 STREET ADDRESS (P 0 Bas. APD # est.)                           | 10 STREET ADDRESS (P O and APO F sec.) |                   |  |  |  |
| os an                                       | OS STATE | 07 ZP COOE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12 017                                                            | 13 STATE                               | 1 & ZIP COD€      |  |  |  |
| 01 NAME                                     |          | 02 D+8 NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CS NAME                                                           |                                        | 09 0 + 8 MUMBER   |  |  |  |
| OS STREET ACCINESS (P.O. deat. MFD P. acc.) |          | 04 SIC COOE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10 STREET ADDRESS (P.O. doc. APD F onl)                           |                                        | 11 SIC CODE       |  |  |  |
| OS CITY                                     | STATE SO | 67 20 COOK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12 CITY                                                           | 13 STATE                               | 14 29 COOL        |  |  |  |
| O1 NAME                                     |          | 02 0+8 MANER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OR NAME                                                           |                                        | 00 0 + 6 MAJAMBER |  |  |  |
| IS STREET ACCRESS IP G dam. APG # wat.      |          | 04 SEC COOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10 STREET ADDRESS IF G. Sm. AFG F cot.)                           | 1 1 SIC CODE                           |                   |  |  |  |
| 08 GTV                                      | OS STATE | 07 20 COOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12 017                                                            | 13 STATE                               | 14 DP COOE        |  |  |  |
| III. PREVIOUS OWNER(S) (Las reas respective |          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | IV. REALTY OWNERS) IT WAS AND |                                        |                   |  |  |  |
| O1 MANE                                     |          | OS D+6 HUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 01 MAME                                                           |                                        | 02 D+8 MUMBER     |  |  |  |
| O3 STREET ADDRESS IP O. Sec. APD F. ed.;    |          | 04 807 00000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 08 STREET ADDRESSIV Q. dos. AVD F. maj                            |                                        | 94 SIC COOE       |  |  |  |
| os anv                                      | east Ave | 67 20 CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | es ary                                                            | OG STATE                               | 07 29 COOS        |  |  |  |
| G1 RM                                       |          | SE SHERWARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 61 KUM                                                            |                                        | GE D+8 HUMBER     |  |  |  |
| 05 STREET ADDRESS IP 0. des. APD F. etc.)   |          | 6+ ac code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 00 STREET ASSPECTS (* 0. doc. #*0 f. cm.)                         | 1                                      | 04 SIC COOR       |  |  |  |
| os carv                                     |          | W 20 COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GE CHIV                                                           | OH SYATE                               | 67 29 CODE        |  |  |  |
| OT NAME                                     |          | 00 0+6 HLAMBR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ST IOME                                                           |                                        | OE D+ 6 HUMBER    |  |  |  |
| 03 STREET ACCRESS (P C Stat. 670 F. stat.)  |          | 54 SE COSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 05 STREET ADDRESS # 6. Sm. APS /. cm.                             |                                        | 04 SIC CODE       |  |  |  |
| OLGITY                                      | STATE    | 07 89 CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | os arv                                                            | SE STATE                               | 67 59 COOR        |  |  |  |
| V. SOURCES OF INFORMATION (ON COLUMN        | -        | A.G AND THE ASSESS OF THE PARTY OF THE PA | A reported                                                        |                                        |                   |  |  |  |
|                                             |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                        |                   |  |  |  |
|                                             |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                        |                   |  |  |  |
| EPA FORM 3070-13 (7-81)                     |          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                        |                   |  |  |  |

|               |             |                                                    | - 1000 and 147 and | ***          | - HOTAIN             | IV. SOUNCES OF BIPOS               |
|---------------|-------------|----------------------------------------------------|--------------------|--------------|----------------------|------------------------------------|
|               | <del></del> |                                                    |                    |              |                      | MOUNTELO AO GLAVEL DE              |
| 3000 42       | 01 27ATS 81 | AMDPA                                              |                    | 40 24440 20  |                      | AUD 90                             |
| 3000 (t)      |             | Law in Orth Land Jaine, Geography, Tighting St     |                    |              |                      | and to the Bearing of The Print Co |
| Although 8+0  | 11          | SPM 01                                             |                    |              |                      | <b>Service</b> (                   |
|               |             |                                                    | 60%                |              | 0 1450 MO 20 5000 CO | HOLLYNGIJO JO SNYSA SO             |
| 3000 at       | er grate er | AUDPL                                              | \$6000 est         | 10 STATE 80  |                      | AUD 90                             |
| 13 arc coos   |             | Law A over Land in the Bester State of Table 12 St | 2000 248 40        |              | (100 S 666)          | and .0 % BEAMOOA TEAMTS CO         |
| 16697N 8+0    |             | EWO. 01                                            | NEED-AN 8+0        | 30           |                      | SHANN FO                           |
|               | <del></del> |                                                    | 9004               | H and press  | O MANUE OF CHINARIES | HOLLYWEND NO SHYSA SO              |
| 9000 dZ       | er Brate er | AUD+1                                              | 3000 d2            | 10 51418 80  |                      | AUD 90                             |
| 13 arc coos   | <del></del> | Cam North and Dig BEBROOM TEBRITS ST               | <b>3000 348 +0</b> | <del></del>  | ran eggs e           | 4 04 8534004 TBBITTS CO            |
| #39mm 9+0     |             | IOMME IOMME DESIGNE ODEST LOWS. DATEMA COMB        | MEETALW 8+0        |              |                      | M. PREVIOUS OPERAT                 |
|               |             |                                                    |                    |              |                      | 7777                               |
| 2000 47       | DI BIATE EI |                                                    |                    |              | NAME OF OWNER        |                                    |
| 3000 000 Et i |             | 12 STREET ACORESS IP 0 See AND F cm.)              |                    | tolatiate ed | / NO 4 0 av 199      | 32 CLLA<br>33 21MEEL VOCME22 • 0 • |
| 13841N 9+0    |             |                                                    | 8000 000 00        |              |                      | DAVE 10                            |
|               |             | OPERATOR'S PARENT COMPANY *****                    | Figure 6+0         | ه فحیری      |                      | II. CURRENT OPERAT                 |
|               | DENTIFICA   |                                                    | SILE INSSEC.       | -            | •                    | A43€                               |

(18-1) E1-010E MMONAN

| II. ON-SITE GENERATOR  31 NAME  32 STREET ADDRESS * 2 AM AFO * ME :  33 STREET ADDRESS * 2 AM AFO * ME :  34 STATE OF ZIP CO  35 CITY  36 STATE OF ZIP CO  37 STREET ADDRESS * 2 AM AFO * ME :  38 STREET ADDRESS * 2 AM AFO * ME :  39 CITY  30 STATE OF ZIP CO  31 NAME  32 D+8 F            | SIC COOR  OI NAME  OI NAME  OG COOR  OG CITY                        | MESS P 0 bot MO4 mil.               | 02 0 - 8 NUMBER  04 SKC CODE |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|------------------------------|--|--|
| II. ON-SITE GENERATOR  OF STREET ADDRESS * 2 AM AND * ME .  OF STATE OF ZIP CO  III. OFF-SITE GENERATOR(S)  OF STATE OF ZIP CO  OF STATE OF ZIP CO | SIC COOR OI NAME  NUMBER OI NAME  NC COOR OS STREET AD  DOE OS CITY | DRESS IP Q Soc. AFQ # 000.)         |                              |  |  |
| O2 0+8:  O3 STREET ADDRESS # 2 der ARD P etc.  O4 STATE O7 ZIP CI  O1 NAME  O2 0+8:  O4 STATE O7 ZIP CI  O4 STATE O7 ZIP CI  O5 STATE O7 ZIP CI  O4 STATE O7 ZIP CI  O4 STATE O7 ZIP CI                                                                                                        | SIC COOR  OI NAME  OI NAME  OG COOR  OG CITY                        |                                     |                              |  |  |
| S CITY OR STATE OF ZIP CO                                                                                                                                                                                                                                                                      | SIC COOR  OI NAME  OI NAME  OG COOR  OG CITY                        |                                     |                              |  |  |
| OR STATE OF ZIP CO                                                                                                                                                                                                                                                                             | NUMBER OI NAME  NC COOR OS STREET AND  OG CITY                      |                                     |                              |  |  |
| III. OFF-SITE GENERATOR(S)  OT NAME  OZ D+B                                                                                                                    | NUMBER OF NAME  NG COOK OS STREET ADS  DOE OS CITY                  |                                     |                              |  |  |
| 3 STREET ADDRESS # 3 Sad. AFD # one.   04 STATE 07 ZP CI                                                                                                                                                                                                                                       | 03 STREET 400                                                       |                                     |                              |  |  |
| S STREET ADDRESS # 0 Sac. AFO # ore.   04 STATE OF ZP CO                                                                                                                                                                                                                                       | 03 STREET 400                                                       |                                     |                              |  |  |
| 9 GTY 00 STATE 07 ZP C                                                                                                                                                                                                                                                                         | os carv                                                             |                                     | 24 SAC 000€                  |  |  |
| 1 NAME 02 0+61                                                                                                                                                                                                                                                                                 |                                                                     | OS STATE                            |                              |  |  |
|                                                                                                                                                                                                                                                                                                |                                                                     |                                     | O7 ZIP CODE                  |  |  |
|                                                                                                                                                                                                                                                                                                | Quinter 01 NAME                                                     |                                     | R38MUM 8+0 S0                |  |  |
| 3 STREET ACCRESS (P G. Bas. APD # est.)                                                                                                                                                                                                                                                        | DC COOR OS STREET AD                                                | PESS (F G. CO., 1999 F. CO.)        | 04 SIC COOE                  |  |  |
| 06 STATE 07 29 C                                                                                                                                                                                                                                                                               | OS CITY                                                             | GE STATE                            | 07 20 0000                   |  |  |
| V. TRANSPORTER(S)                                                                                                                                                                                                                                                                              |                                                                     |                                     |                              |  |  |
| 02 D+81                                                                                                                                                                                                                                                                                        | O1 NAME                                                             |                                     | 02 D+8 NUMBER                |  |  |
| S STREET ADDRESS (P Q. das. APD P. etc.)                                                                                                                                                                                                                                                       | IIG CODE OS STREET ACE                                              | DPESS (P. C. Sec. 470 F. vis.)      | 34 S/C COOE                  |  |  |
| GTY 05 STATE 07 25 CC                                                                                                                                                                                                                                                                          | 06 OTV                                                              | CO STATE                            | 07 ZP CCCE                   |  |  |
| 02 5+81                                                                                                                                                                                                                                                                                        | ALASTI OT NAME                                                      |                                     | OZ D+8 MANSER                |  |  |
| S STREET ACCRESS IP G. SEA, APP J. SEA.)                                                                                                                                                                                                                                                       | IC COME OR STREET AG                                                | 5TREET ACCRESS (# 0. dm. APS 4. m.) |                              |  |  |
| GOTY BUSINESS SO CO                                                                                                                                                                                                                                                                            | Sea es carv                                                         | SO BAN                              | 67 ZP CCC1                   |  |  |
| 7. SOURCES OF INFORMATION (to quality returning a.g., said (ii)                                                                                                                                                                                                                                |                                                                     |                                     | <u> </u>                     |  |  |
|                                                                                                                                                                                                                                                                                                |                                                                     | <u> </u>                            |                              |  |  |

| &EPA                                                    | POTENTIAL HAZARDOUS WASTE SITE<br>SITE INSPECTION REPORT |           | I. DENTFICATION |
|---------------------------------------------------------|----------------------------------------------------------|-----------|-----------------|
|                                                         | PART 10 - PAST RESPONSE ACTIVITIES                       |           |                 |
| PAST RESPONSE ACTIVITIES                                |                                                          |           |                 |
| 01 TA. WATER SUPPLY CLOSED<br>04 DESCRIPTION            | 02 DATE                                                  | 03 AGENCY |                 |
| 01 T B TEMPORARY WATER SUPPLY PROVID<br>04 DESCRIPTION  | DED 02 DATE                                              | 03 AGENCY |                 |
| 01 T C PERMANENT WATER SUPPLY PROVID<br>04 DESCRIPTION  | ED 02 DATE                                               | 03 AGENCY |                 |
| 01 T D. SPILLED MATERIAL REMOVED<br>04 DESCRIPTION      | 02 DATE                                                  | OJ AGENCY |                 |
| 01 C E. CONTAMINATED SOIL REMOVED<br>04 DESCRIPTION     | OZ DATE                                                  | 03 AGENCY |                 |
| 01 C F WASTE REPACKAGED<br>04 DESCRIPTION               | 02 DATE                                                  | 03 AGENCY |                 |
| 01 C Q. WASTE DISPOSED ELSEWHERE<br>04 DESCRIPTION      | 02 DATE                                                  | 03 AGENCY |                 |
| 01 C H. ON SITE BURML<br>04 DESCRIPTION                 | OZ DATE                                                  | 03 AGENCY |                 |
| 01 II IN SITU CHEMICAL TREATMENT<br>04 DESCRIPTION      | OZ DATE                                                  | 03 AGENCY |                 |
| 01 G J. IN SITU SIGLOGICAL TREATMENT<br>04 DESCRIPTION  | 02 DATE                                                  | 03 AGENCY |                 |
| 01 C K. IN SITU PHYSICAL TREATMENT<br>04 DESCRIPTION    | OF DATE                                                  | 03 AGENCY |                 |
| 01 C L SICAPSILATION<br>04 DESCRIPTION                  | OR CAPE                                                  | 00 AGENCY |                 |
| 01 C M. BASTOSHGY WASTE TREATMENT<br>04 DESCRIPTION     | OZ DATE                                                  | 03 AGBACY |                 |
| 01 C N. CUTOFF WILLS<br>04 DESCRIPTION                  | OZ DATE                                                  | 03 AGENCY |                 |
| 01 C O. EMERGENCY DRONG/SUFFACE WATER<br>04 DESCRIPTION | DEMERSION 02 DATE                                        | 03 AGENCY |                 |
| 01 C P CUTOFF TRENCHER/BUMP<br>04 DESCRIPTION           | C2 DATE                                                  | 09 AGENCY |                 |
| 01 C Q. SUBSUIFACE CUTOFF WALL                          | OZ DATE                                                  | OS AGENCY |                 |

BPA POPM 2070-13(7-01)

| <b>∂EPA</b>                                          | POTENTIAL HAZARDOUS WASTE SITE<br>SITE INSPECTION REPORT<br>PART 10 - PAST RESPONSE ACTIVITIES |             | I, IDENTIFICATION |
|------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------|-------------------|
| II PAST RESPONSE ACTIVITIES COMMO                    |                                                                                                | <del></del> |                   |
| 01 TR BANNER WALLS CONSTRUCTED<br>04 DESCRIPTION     | 02 DATE                                                                                        | O3 AGENCY   |                   |
| 31 I S CAPPING-COVERING<br>34 DESCRIPTION            | OZ DATE                                                                                        | 03 AGENCY   |                   |
| 01 I T BUILT TANKAGE REPAIRED<br>04 DESCRIPTION      | 02 DATE                                                                                        | 03 AGENCY   |                   |
| 01 I U GROUT CURTAIN CONSTRUCTED<br>04 DESCRIPTION   | OS DATE                                                                                        | 03 AGENCY   |                   |
| 01 T. V. BOTTOM SEALED<br>04 DESCRIPTION             | 02 DATE                                                                                        | OS AGENCY   |                   |
| 01 I W GAS CONTROL<br>04 DESCRIPTION                 | 02 DATE                                                                                        | O3 AGENCY   |                   |
| 01 IX. FIRE CONTROL<br>04 DESCRIPTION                | 02 DATE                                                                                        | 03 AGENCY   |                   |
| 01 3 Y LEACHATE TREATMENT<br>04 DESCRIPTION          | 02 DATE                                                                                        | 03 AGENCY   |                   |
| 01 II Z. AREA EVACUATED<br>04 DESCRIPTION            | 02 DATE                                                                                        | OS AGENCY   |                   |
| 01 = 1 ACCESS TO SITE RESTRICTED<br>04 DESCRIPTION   | CR DATE                                                                                        | 05 AGENCY   |                   |
| 01 C 2. POPULATION RELOCATED<br>04 DESCRIPTION       | 02 QATE                                                                                        | OS AGENCY   |                   |
| 01 (2 3. OTHER REMEDIAL ACTIVITIES<br>04 DESCRIPTION | GE CATE                                                                                        | OB AGENCY   |                   |
|                                                      |                                                                                                |             |                   |
|                                                      |                                                                                                |             |                   |
|                                                      |                                                                                                |             |                   |
| IL SOURCES OF INFORMATION (Co could not              | 7000 cg. 400 file 4000 2000 7000                                                               |             |                   |
|                                                      |                                                                                                |             |                   |
|                                                      |                                                                                                |             |                   |

EPA FORM 2070-13 (7-01)

| 0.504                                             | POTENTIAL HAZARDOUS WASTE SITE                           | I. IDENTIFICATION       |  |  |  |
|---------------------------------------------------|----------------------------------------------------------|-------------------------|--|--|--|
| <b>⇔EPA</b>                                       | SITE INSPECTION REPORT PART 11 - ENFORCEMENT INFORMATION | O1 STATE O2 SITE NUMBER |  |  |  |
| H. ENFORCEMENT INFORMATION                        |                                                          |                         |  |  |  |
| 01 PAST REQULATORY ENFORCEMENT ACTION = YES       | 3 10                                                     |                         |  |  |  |
| DZ DESCRIPTION OF FEDERAL, STATE, LOCAL REGULAT   | TORY/ENFORCEMENT ACTION                                  |                         |  |  |  |
|                                                   |                                                          |                         |  |  |  |
|                                                   |                                                          |                         |  |  |  |
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| IL SOURCES OF INFORMATION AND ADDRESS AND ADDRESS | TOL 44. IED DE INCO PARE ABOUT                           |                         |  |  |  |

EPA PORM 2070-13 (7-81)



## LEVEL

NOTEBOOK NO. 311

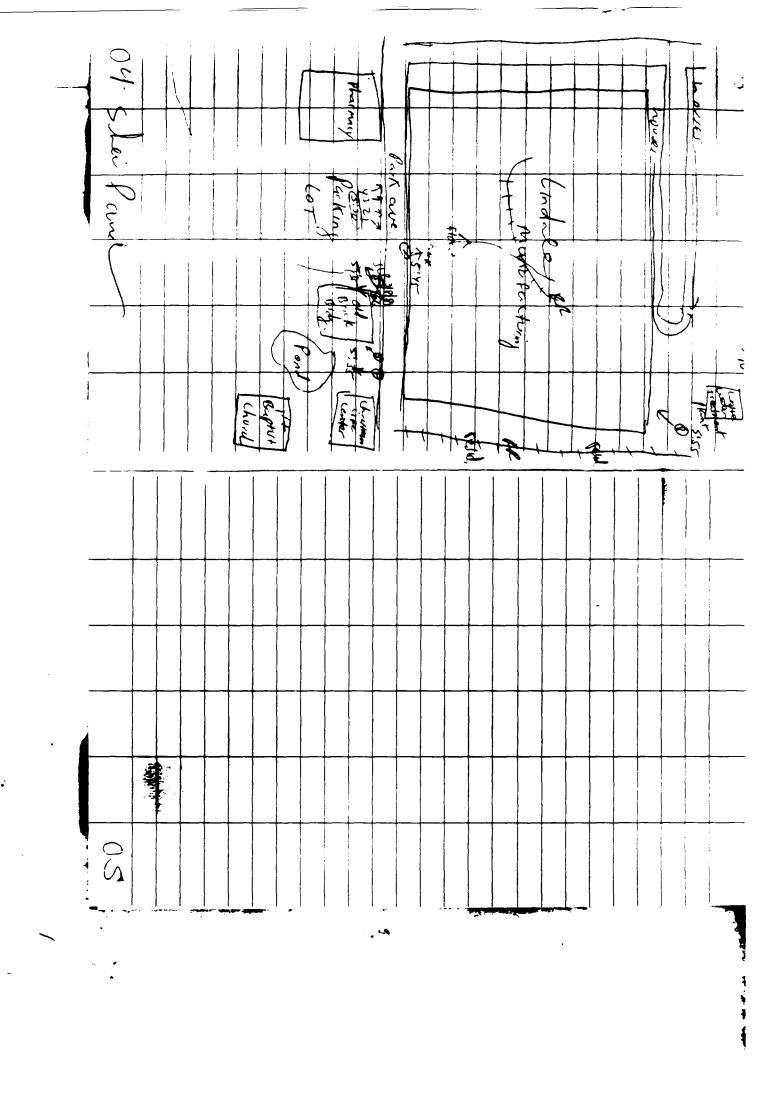
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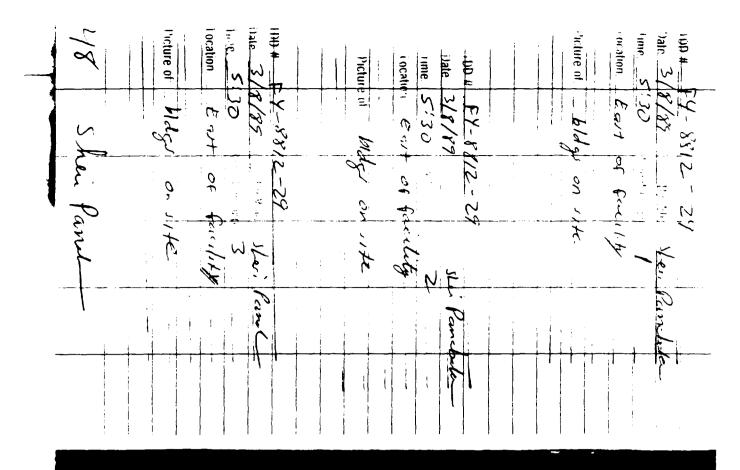
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| have sour                                          | - 1                                                                                       | Tanffr                                                                                                                                              |                                                                                                                                                                            |                                                                                                                      |                                                                                 |                                                                                             |                                                                   |                                                                                |                                                                                                                                 |                                                                                               |                                            |    |        |   |
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| ALL LAMBUAGE SHOULD BE PACTUAL.                    | ork cover<br>1, Project I                                                                 |                                                                                                                                                     |                                                                                                                                                                            | 3 5                                                                                                                  | <b>[</b> ]                                                                      | T E                                                                                         | *                                                                 | 15                                                                             | 11                                                                                                                              | 5 1                                                                                           | 11                                         |    |        |   |

present and no odors 1715 arrived at site. The facility her on a light area of land and has changed its have to Lindale Minusacturing = =+ has a river flowing through the middle of it along has elevated railroad track parriage through the middle over the Stream. The land in the center of the plant there u no noticable slopes towned the creek. ducoloration of there is a church directly acras and no steen the street from the plant there I some short metal bet Additional Information -3/9/89 Joine of the blogs. 10:35 accived at city of some water out. The e 11 a chain look fense, for information see los book 14-1290, in good condition, surrounding Pf. 3, 4, 5, Celonea Fibers. te plant. on the south side or the plant \_ 11:30 - arrived at Flord count water agot there is a park and hallfield for information see labour FY+290, and a book bld. PP. 5-8, Celarese Filers. - The creck flower in a northern direction. 02 Shew Panalok

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# STANDARD SAMPLE CODES

# Water Samples

PW - Private well
PB- Public (Municipal) Well
ANV-Monitoring (Permanent) Well
TW - Temporary (Well Point) Well
TW- Industrial Well
SW-Surface Water
SP-Spring Weter
LW - Leachate Water

# Soil Semples

SS-Surface Soil
SB-Subsurface Soil
SZ-Saturation Zone
SD-Sediment
CS-Composite Soil
LS-Leachate Soil

## OTHER CODES

SL-SLUDGE WA - WASTE DR - DRUM QC - Quality Control

format: All sample codes will consist of at least 6 characters in the following

Example: Standard Auto Sampling Investigation - Temporary Well Site Name - Sample Type - Sample Number

Groundwater Sample-Number 08.
Appropriate Code: SA-TW-88

Example: If you took two subsurface soil samples in the borehole for lemember the first six characters have to be in this format. If you need emporary Well #08. dditional idenity for a particular sample location, add a suffix.

Appropriate Code: SA-59-68 (A) er SA-59-68 (S) (shellow)
SA-59-68 (N) SA-59-68 (D) (SA-59-68 (D) (Deep)

and not for the Blank and Spike samples. Ple Spike samples as we have done in the park. The QC sample code is usually for drilling w

100 # FY-8

Date 3/8/89

Time 5/75 \$y -8812 - 29 Data 3/8/89 Whom 51e Paret Tyellom, Location. Ewit of facility E at of facility Location. Picture of River going the plant bldg on site Picture of. 100# FY-88/2-29 100 # FY-88/2-29 June 5:35 " eyed to map Egit OF Facility tocation. Northwest corner of site Location. Picture of bldg on site & parking Picture a body & ford acrass Pork are i DD # INN # FY-8812-29 Pate 3/8/89 By Whom Sheri Park Time: 10 5:35 ) 1 to map. t ocation . ===== Picture di

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## WATER USE SURVEY



| Name and address of resident                        | 1887 LAKEBIDE PARKWAY<br>BUITE 814<br>TUCKER, GEORGIA 30084<br>404-838-7710 |
|-----------------------------------------------------|-----------------------------------------------------------------------------|
| Ellis Bohannon                                      |                                                                             |
|                                                     | 2.1                                                                         |
| Rome, GA 30161                                      |                                                                             |
| ( )                                                 |                                                                             |
| Check water source(s) used by resident              |                                                                             |
| 1. DRILLED WELL DEPTH 131                           | WATER LEVEL                                                                 |
| 2. DUG WELL DEPTH                                   | WATER LEVEL                                                                 |
| 3. SPRING ARTESIAN                                  | GRAVITY                                                                     |
| 4. SURFACE WATER                                    |                                                                             |
| 5. PUBLIC SUPPLY                                    |                                                                             |
| 6. OTHER                                            |                                                                             |
| Check water use(s) and specify water source of each |                                                                             |
| DRINKING NUMBER OF USERS                            | SOURCE                                                                      |
| HOUSEHOLD NUMBER OF USERS                           | SOURCE                                                                      |
| IRRIGATION ACRES CROP                               | SOURCE                                                                      |
| OTHER                                               |                                                                             |
| ANY PROBLEMS WITH WATER?                            |                                                                             |
|                                                     |                                                                             |
|                                                     |                                                                             |
| HOW LONG HAVE SOURCES BEEN IN USE? SINCE            | 957                                                                         |
|                                                     |                                                                             |
| ANY MONITORING WELLS ON PROPERTY?                   |                                                                             |
|                                                     |                                                                             |
| PREPARED BY Gentle DA                               | ATE 3/8/89                                                                  |
|                                                     | - house on well water                                                       |
| David Massingain + Harry M                          | lorgan also on u                                                            |
| water                                               | <i>U</i>                                                                    |

| NUS CORPORATION AND S_                                                                                                                                    | Reference No. 2                                                              | - TELECON NOTE                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|
| CONTROL NO.                                                                                                                                               | DATE: April 28, 1989                                                         | TIME: 9:45                                                         |
| DISTRIBUTION:                                                                                                                                             | <del></del>                                                                  |                                                                    |
| File Material<br>West Pt. Pepperell                                                                                                                       |                                                                              |                                                                    |
| BETWEEN: S. A. Dunson                                                                                                                                     | OF: Chamber of Commerce;<br>Rome, Georgia                                    | PHONE: (404) 291-7663                                              |
| AND: Sheri Panabaker, NUS Corporation                                                                                                                     | 1                                                                            |                                                                    |
| DISCUSSION:                                                                                                                                               | <del></del>                                                                  |                                                                    |
| Mr. Dunson told me Greenwood Mills Manufacturing is a subsidary of Greenw 78 years old and had belonged original Pepperell bought it and then West Pt. Pe | rood Mills and runs the plant. He als<br>ly to Massachusetts Manufacturing a | o said the plant was approximately nd then somewhere along the way |
| ACTION ITEMS:                                                                                                                                             |                                                                              |                                                                    |
|                                                                                                                                                           |                                                                              |                                                                    |

| NUS CORPORATION AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Reference No. 3                                                                                                                                                                                                                                                                                                                                                                                                   | TELECON NOTE                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| CONTROL NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE: April 14, 1989                                                                                                                                                                                                                                                                                                                                                                                              | TIME: 1100                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| DISTRIBUTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ile Material<br>Vest Point Pepperell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| BETWEEN: Randy Edwards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OF: Lindale Manufacturing                                                                                                                                                                                                                                                                                                                                                                                         | PHONE: (404) 234-1621                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| AND: Sheri Panabaker, NUS Corpor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ration                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| with blue jean fabric. They start by hen spuin the fibers into yarn, who note a caustic bath. Then the yarn is added then the yarn weaved into he fabric is preshurunk and ironed. He also said that before EPA became hey would clean the sludge out of ide). If they didn't bury it, they puthey send their washwater, including 1968 and was finished in 1974, was the sludge and the sludge a | cleaning the cotton, then aligning the ich are then stretch over beams. The dipped 5 times into a dye, then washed cloth. In the last stage, the finishing involved, they used to send their was the pond and bury on the property not it on drying beds and when dried, song dyes and caustic bath, to the treatness when the clarifier was added. After the conditions are supplied to the clarifier was added. | sy start with a bale of cotton and finish e fibers and then stretching them. They strings are dyed continuously, then put ed in cold water with soap. Next, starch process, the starch is washed out, then shwater to a settling pond. Periodically, text to the treatment plant (adjacent NE ent it to the Floyd County Landfill. Now nent plant. The plant started to be built going through the treatment plant, the for the employees comes from the Floyd |
| ACTION ITEMS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                 | Reference No. 4 |               |
|-----------------|-----------------|---------------|
| NUS CORPORATION |                 | PROJECT NOTES |

| PROJECT NO.:   | TASK NO.:   | DIVISION NO.: | PROJECT MANAGER:                      | DATE:                                 |
|----------------|-------------|---------------|---------------------------------------|---------------------------------------|
|                |             |               | Sheri Panabaker                       | 6/1/89                                |
| PROJECT TITLE: | est Point   | Peperell      |                                       |                                       |
| CLIENT:        |             |               |                                       |                                       |
| START DATE:    |             |               | CLOSE DATE:                           |                                       |
| COMMENTS:      |             |               | · · · · · · · · · · · · · · · · · · · | <del></del>                           |
|                | sked John   | 1 Morrow      | , chemist, NUS (c                     | rporation_                            |
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|                |             |               | it is not has                         |                                       |
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NUS 085A REVISED 0483

| NUS CORPORATION AND :                 | Reference No. 5           | TELECON NOTE  —                             |
|---------------------------------------|---------------------------|---------------------------------------------|
| CONTROL NO.                           | DATE: May 31, 1989        | TIME: 1530                                  |
| DISTRIBUTION:                         |                           |                                             |
| File Material<br>West Point Pepperell |                           |                                             |
| BETWEEN: Randy Edwards                | OF: Lindale Manufacturing | PHONE: (404) 234-1621                       |
| AND: Sheri Panabaker, NUS Corp        | oration                   |                                             |
| DISCUSSION:                           |                           |                                             |
| said it was water and a 5 percent s   |                           | e strings (later to become fabric) into. He |
| ACHUNITEMS:                           |                           |                                             |

| NUS CORPORATION AND _               | Reference No. 6                       | TELECON NOTE                                                                         |
|-------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------|
| CONTROL NO.                         | DATE: March 10, 1989                  | TIME: 11:40                                                                          |
| DISTRIBUTION:                       |                                       |                                                                                      |
| File Material<br>Southeast Terminal |                                       |                                                                                      |
| BETWEEN: Barbara Smith              | OF: RCRA - Generators                 | PHONE: (404) 669-3927                                                                |
| AND: Sheri Panabaker, NUS Corpo     | ration                                |                                                                                      |
|                                     | enerator; West Point Pepperell is lis | Pepperell and Rome Coal Tar Pit. She said sted as a non-handler; in other words they |
|                                     |                                       |                                                                                      |
| ACTION ITEMS:                       |                                       |                                                                                      |
|                                     |                                       |                                                                                      |

NUS 067 REVISED 0685

## INFORMATION 39

# GEOLOGY AND GROUND-WATER RESOURCES OF FLOYD AND POLK COUNTIES, GEORGIA

Charles W. Cressler



# THE GEOLOGICAL SURVEY OF GEORGIA DEPARTMENT OF MINES, MINING AND GEOLOGY

1970

Reprinted 1988 by the Geologic Survey Branch of the Environmental Protection Division of the Georgia Department of Natural Resources

connected by U. S. Highway 27 to Chattanooga, Tenn., 70 miles to the north, and to Cedartown, 15 miles to the south. U. S. Highways 411 and 41 give Rome access to Atlanta, some 70 miles away to the southeast.

Cedartown, the county seat of Polk County, is at the intersection of U. S. Highway 278, which connects it to Atlanta and to points west in Alabama, and U. S. Highway 27 which gives ready access to Floyd County on the north and Haralson County to the south.

The Counties are served by the Southern Railway, the Seaboard Coastline Railroad, and the Central of Georgia Railway.

### Physiography, Topography, and Climate

Nearly all of Floyd and Polk Counties is in the Valley and Ridge physiographic province; only the southern and eastern edge of Polk County extends into the Piedmont physiographic province. Northwestern Floyd County, the most mountainous part of the study area, has a terrain of narrow valleys whose bottoms are between 600 and 700 feet above sea level, bordered by steep ridges whose tops range from 1,400 to 1,600 feet above sea level. The terrain in the remainder of Floyd County and in most of Polk County consists chiefly of lowlands and hilly areas that range in altitude from about 600 to 1,000 feet. A few isolated ridges occur there but most have altitudes less than 1,300 feet and only one, Indian Mountain in western Polk County, reaches 1,500 feet above sea level.

The part of Polk County lying in the Piedmont province is a moderately dissected plateau having rounded hilltops and narrow stream valleys. The plateau stands about 500 feet above the adjoining lowlands of the Valley and Ridge province and is separated from them by a fault-line scarp. In Polk County the plateau attains a maximum altitude of about 1,300 feet.

Floyd and Polk Counties have a mild climate. Their average January temperature is about 43° F. and their average July temperature is about 80° F. The average annual precipitation in the two counties is about 53 inches and includes only a small amount of snow.

Rainfall in this part of the State has two peaks, one in winter and one in midsummer, separated by periods of lighter rains in spring and autumn. Autumn is the driest season of the year. Large variations can occur in the amount of rainfall received from year to year, and amounts from the wettest years may be about double that for the driest years. Nearly half of the rainfall comes in amounts of 1 inch or more within 24 hours.

Dry spells occasionally cause heavy damage to crops and pastures and result in shortages in water supplies. Droughts of this severity are, however, usually limited to rather small areas so that any given locality, on the average, is not likely to have a serious drought more often than once in 10 to 15 years.

### Purpose, Scope and Methods of Investigation

This investigation was made by the U. S. Geological Survey in cooperation with the Georgia Department of Mines, Mining and Geology, as part of a statewide appraisal of ground-water resources. The purpose of the investigation was to determine the amount and chemical quality of water available in Floyd and Polk Counties, and to describe and delineate the aquifers from which it comes. This study covers 2 of 10 counties in the Paleozoic rock area of Georgia; studies of Catoosa, Chattooga, and Walker Counties (Cressler, 1963, 1964) and of Dade and Bartow Counties (Croft, 1963, 1964) have been completed and the results already published.

In making this study, more than 700 wells were inventoried to learn the range in well depth, the depth to water, and the quality and quantity of the water being taken from the various aquifers. Periodic measurements were made on several wells to indicate the amount of seasonal fluctuation that occurs in the water table.

Springs of significant size were inventoried and their rate of flow measured or estimated. The temperature of the spring water was recorded, and the reliability, degree of fluctuation, and the quality of the water were ascertained where possible.

Water samples were taken from 8 wells and 16 springs for chemical analyses by the Quality of Water Laboratory, U. S. Geological Survey, Ocala, Florida.

he collected during a study made for a Masters thesis.

Mr. Horace Sheffield and many other students from Shorter College in Rome, and Dr. Lewis Lipps, Professor of Geology at Shorter, collected and cataloged numerous fossils from Polk County. Mr. Allen Sheldon and Dr. Lipps were instrumental in bringing to the writer's attention the excellently preserved Middle Cambrian trilobites obtained from the banks of the Coosa River. Mr. Cyrus Pope was generous enough with his time to spend a day guiding the writer to dozens of iron mines in the rugged terrain around Indian Mountain.

Dr. William B. N. Berry of the University of California, Berkeley, identified the graptolites collected from Polk and Murray Counties, Ga.

Plates of fossils for the report were prepared by the Paleontology and Stratigraphy Branch of the U. S. Geological Survey under the direction of Dr. Ellis L. Yochelson.

This investigation was started under the direct supervision of H. B. Counts, former district engineer, Ground Water Branch, and completed under A. N. Cameron, district chief, Water Resources Division, Georgia District, U. S. Geological Survey.

Mr. Harry E. Blanchard, Hydraulic Engineering Technician, made the complete well inventory of Polk and Floyd Counties and collected water samples for chemical analyses.

### GEOLOGIC FORMATIONS AND THEIR WATER-BEARING PROPERTIES

Floyd and Polk Counties are underlain by more than 20 geologic formations that have an aggregate thickness of several thousand feet; they range in age from Early Cambrian to Pennsylvanian. Originally the formations were horizontal, but compressional and tensional forces later warped them and broke them into a series of faulted folds. Erosion of the folded and faulted formations produced the varied outcrop pattern that exists today.

In order to appraise the ground-water resources of an area, it is necessary to know the lithology, thickness, and topographic setting of the geologic formations there. This information for Floyd and Polk Counties is summarized in table 1 and is discussed in more detail in the text that follows. The generalized availability of ground water in the

counties is shown in figures 2 and 3. The detailed outcroppings of the formations and structural cross sections are given on the accompanying geologic maps, figures 4 and 5.

### Cambrian System

### Shady Dolomite

Along the trace of the Coosa fault between Rome and Cave Spring, the Rome Formation is underlain by a unit of dolomite that tentatively is being correlated with the Shady Dolomite of Early Cambrian age. The Shady, named by Keith (1903, p. 5) for Shady Valley, Johnson County, Tenn., normally occupies a position below the Rome, separating it from the Weisner Quartzite. As the dolomite in Floyd County occupies the same stratigraphic position and is of a similar character, it is being correlated with the Shady.

Lithology and thickness.—In Floyd County, on the north bank of Big Cedar Creek about 300 feet east of the bridge on Spout Springs Road (fig. 4), the exposed Shady consists of a lower 20-foot unit and an upper 10 to 15-foot unit of thinly to massively bedded, commonly shaly dolomite, separated by about 10 feet of dark shale and very thin bedded earthy dolomite that weathers to shale. The upper dolomite layer is succeeded by 5 feet of dark-gray shale that passes abruptly upward into maroon shale and siltstone of the Rome Formation.

The dolomite is mainly medium to dark gray, very thickly to massively bedded and fine grained. Much of it contains large amounts of silt and clay that either weathers out as shale or accumulates on the surface as an olive-gray, tan, or yellowish-brown crust. Where the dolomite is deeply leached, the impurities form a tan shale residuum. The residuum is well displayed in the first road cut southeast of the creek bridge.

In natural exposures the Shady is dotted by rounded to irregularly shaped pieces of highly fractured light-gray quartz that protrude from its surface, an occurrence not observed on any other formation. Much of the dolomite is crisscrossed by numerous fractures filled by light-gray quartz. Some outcrops are so highly fractured that about half of the rock consists of quartz fracture fillings. One outstanding feature of the Shady is the complete absence of bedded or nodular chert.

The presence of the Shady Dolomite in Polk County has not been established firmly, but two outcrops there have lithologies that are similar to the Shady in Floyd County and therefore are correlated with it. One outcrop, which is about 2 miles south-southeast of Van Wert, is a 30 to 50-foot section of dolomite faulted between the Rockmart Slate and the Cartersville Fault. The dolomite is medium to dark gray, massively bedded, finely crystalline, and somewhat earthy. Some weathered layers have small pieces of light-gray quartz protruding from their surfaces, similar to those on the Shady in Floyd County, but the rock is almost entirely free of chert. Fractures, widely spaced in most of the outcrop but locally abundant, are filled with white quartz. In nearly all respects, this dolomite closely resembles the dolomite of the Shady along Big Cedar Creek in Floyd County.

Dolomite that underlies the valley 1.5 miles southwest of Van Wert was identified as Shady. It is medium to light gray, thickly to massively bedded and finely crystalline and may be as much as 100 feet thick. Although the dolomite is generally chert free, it is earthy and produces a residuum of siltstone or very fine grained quartzite, plus other siliceous material that resembles jasperoid.

<u>Distribution.</u>—A few feet of the Shady is exposed on Park Drive, north of the Floyd County Public Works Camp. A thin section of the formation crops out between the Rome Formation and the plane of the Coosa fault, in a large cleared area on the west side of the ridge about a mile north of Park Drive. The best exposures of the Shady and the ones showing the contact with the Rome Formation occur on the north bank of Big Cedar Creek, east of the bridge on Spout Springs Road, and in the first road cut southeast of that bridge.

The Shady in Polk County crops out beneath the Cartersville fault about 2 miles south-southeast of Van Wert, and in the valley 1.5 miles southwest of Van Wert.

Stratigraphic relations.—As the contact between the Shady and the Rome Formation is gradational, the contact was placed at the base of the lowest bed of maroon shale in the Rome. The dark-gray shale overlying the dolomite of the Shady was included as part of the Shady because similar shale occurs lower in that formation, whereas nothing like it occurs in the Rome. The contact is well displayed on the north bank of Big Cedar Creek and along the road southeast of the creek bridge.

Hydrology.—The Shady seems to have little potential as an aquifer along most of its outcrop in Floyd County because it underlies steep slopes. Domestic supplies may be obtainable in the few places where the formation is dissected, such as the low area near Park Drive south of Rome. Larger yields may be available where the Shady is crossed by Big Cedar Creek, but the area in which to place a well is small and by having to drill close to the Creek, there is a likelihood of pumping surface

The Shady in Polk County is an aquifer only in the valley 1.5 miles southwest of Van Wert where it underlies a broad low area that has recharge available from a stream. Wells there probably will supply from 5 to 50 gpm or more. Well 5FF15, which is 186 feet deep and cased to 80 feet, supplies a home and farm. The well water is hard, but otherwise is of good quality.

A pool spring on the valley floor has a small discharge that is used as a domestic and farm supply.

### Rome Formation

The Rome Formation of Early Cambrian age was named by Hayes (1891, p. 143) for exposures south of Rome, Ga. No type section was specified, but Hayes probably named the formation for exposures on the ridge that now is crossed by Park Drive and Walker Mountain Road. The massive quartzites in the upper part of the formation are particularly well displayed on Walker Mountain Road.

Lithology and thickness.—The Rome consists of between 500 and 1,000 feet of interbedded shale, siltstone, sandstone, and quartzite, in that order of abundance. Most of the shale and much of the thin-bedded sandstone and siltstone are brightly colored in hues of red, purple, green, yellow and brown. Alternating layers of varicolored rock produce a striking effect that is unique in the area. Most of the thick layers of sandstone and quartzite are very light gray, but upon exposure alter to tan or rusty brown. Thickly layered sandstone and quartzite occur mainly in the upper half and

are most abundant near the top of the formation.

A good exposure of the Rome and one that shows the rarely exposed base of the formation can be seen along the bank of Big Cedar Creek, east of the bridge on Spout Springs Road. The lower 50 feet of the Rome consists of red or maroon shale and thin-bedded reddish siltstone. This is followed by 100 or more feet of red and tan siltstone and a little maroon shale containing very fine-grained sandstone in beds 3 to 6 inches thick. The middle part of the Rome is made up chiefly of thin-bedded, generally fine- to medium-grained white, yellow, tan, purple, and pale red sandstone intercalated with similarly colored siltstone and red, purple, green, tan, or yellow shale. The upper one-third of the formation is composed of shale and siltstone almost the same as that lower down, but it is interbedded with sandstone and quartzite that increases in abundance and becomes thicker bedded toward the top. Layers 2 to 4 feet thick are common and a few beds exceed 6 feet in thickness. Where fresh, the sandstone and quartzite are light gray, but upon exposure they change to light brown.

The quartzite in the upper part of the Rome varies somewhat in character with the locality. In the City of Rome, at the intersection of Glenn Milner Boulevard and East 6th Avenue, the quartzite is very fine grained, massive, though thinly bedded, and has a banded weathering surface caused by the alternation of light to medium-gray, and tan-weathering layers. The quartzite forming the low ridge between the tracks of the Southern Railway and the Central of Georgia Railway, between the Lindale and Old Lindale Highways just south of Rome, is very fine grained, laminated, and crossbedded. It is composed principally of rounded quartz grains and contains some detrital feldspar grains (Laurence, 1961, p. 39).

The thickly to massively bedded very fine-grained quartzite and maroon shale that forms the small ridge above the Shady Dolomite in the valley 1.5 miles southwest of Van Wert, Polk County, tentatively is identified as Rome on the basis of its lithology and the assumption that the underlying rock is correctly identified as Shady.

Northeastward from Rome, the formation becomes progressively less sandy; sandstone beds are fewer, thinner, and finer grained. The upper one-

fourth of the formation, in contrast to the section south of Rome, is almost devoid of sandstone. Much of the upper shale lacks the characteristic bright colors, making it difficult to determine accurately the top of the formation. Several layers of material in this part of the outcrop appear to have been derived from carbonate.

Distribution.—The Rome is fairly resistant to erosion and makes up a series of knobby ridges of moderate relief that reach diagonally across Floyd County. From the Alabama State line near Cave Spring, the ridges extend northeastward through Rome and Shannon. Almost all exposures of the Rome are faulted on the west or northwest side, so that only the upper half to three-quarters of the formation crops out. The entire section of the Rome appears at the surface only along segments of the Coosa Fault between Rome and Cave Spring, where the Shady Dolomite replaces the Rome Formation as the base of the Coosa thrust sheet.

The formation is well displayed at several places within the city limits of Rome, especially east of the Civic Center and near the Fair Grounds. The Rome was uncovered south of East Rome Elementary School during construction of the south extension of Turner McCall Boulevard. Massively bedded quartzite typical of the upper part of the Rome is exposed beside Glenn Milner Boulevard at East 6th Avenue. Dolomite that may belong to the Rome, but which may be part of the Shady, crops out just north of Glenn Milner Boulevard at East 4th Avenue.

So far as is known, outcrops of the Rome in Polk County are limited to the faulted ridges about 2 miles west of Georgia Highway 101 at the Floyd County line and to the low ridge along the south side of the valley, 1.5 miles southwest of Van Wert.

Stratigraphic relations.—On Walker Mountain Road, the highest sandstone bed in the Rome Formation is overlain by several feet of varicolored shale and siltstone of the typical Rome type. Thus, the uppermost sandstone layer is not a satisfactory indication of the top of the formation as was suggested by Hayes (1902).

The highest colored shale and siltstone of the Rome are followed by several feet of yellow and tan, rather nondescript shale, and very thinly bedded siltstone that grade upward into greenish and tan-weathering shale of the Conasauga Formation. Every place where the contact between the Rome and the Conasauga was observed, it appeared to be gradational, the transition taking place through an ill-defined zone about 10 feet thick.

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Hydrology.—Ground water in the Rome occurs mainly in secondary openings produced by fracturing and jointing and, thus, is available primarily from the thicker layers of siltstone, sandstone, and quartzite. Yields from the Rome generally are smaller than from other sandstone aquifers in the area, because the large amount of shale in the formation impedes the downward movement of water, reducing the rate of recharge.

Wells inventoried in the Rome Formation range in depth from about 80 to 140 feet and average about 100 feet deep. In the upper part of the formation where sandstone and quartzite layers are better developed, wells generally yield between 5 and 10 gpm, and some reportedly will furnish 20 gpm. Lower in the section where shale is the predominant rock type, yields are generally around 1 or 2 gpm.

The well water reportedly varies from soft to hard, though most of it is soft and some contains a high concentration of iron. Water sampled from well 5JJ21 had a total hardness of 53 ppm (parts per million) and an iron content of 0.07 ppm (table 2).

### Conasauga Formation

The Conasauga Formation of Middle and Late Cambrian age was named by Hayes (1891, p. 143, 144-145) for exposures along the Conasauga River in Whitfield and Murray Counties, Ga.

In the area of this report, the Conasauga occupies two belts in which the formation differs significantly; the belts are several miles apart and occupy different depositional environments. The western belt includes all outcrops of the formation in Floyd County northwest of the Coosa Fault. The other, the eastern belt, takes in all of the Conasauga in Floyd County southeast of the Coosa fault, as well as all of the outcrops in Polk County. Because of their lithologic differences, the two belts are discussed separately.

### Eastern belt

The Conasauga forming the eastern belt extends

diagonally across Floyd County from the Gordon County line past Rome to the Alabama State line. Branches off the main belt occur in southeast Floyd County and in Polk County.

Lithology, thickness, and distribution.—In the part of the eastern belt lying between Rome and the Gordon County line, the Conasauga consists of limestone and shale in nearly equal proportions. The lower part of the formation is made up of 100 feet or more of medium-gray, massively bedded limestone. A good outcrop of the limestone occurs beside the road about 1.5 miles north of the center of Shannon. The limestone is followed by several hundred feet of olive and tan shale, which is used extensively for the manufacture of brick at Plainville just across the line in Gordon County.

The middle of the formation includes thick, apparently discontinuous layers of massively bedded, medium-gray, oolitic and nonoolitic limestone that grades into and is interbedded with olive and tan shale.

Southwest of Rome, toward Cave Spring, the proportion of carbonate increases so that shale is important only in the lower part of the formation. As can be seen along Big Cedar Creek, the lower part is mainly olive shale that becomes interbedded with and finally is replaced by coarse oolitic, medium gray and dark gray, thickly to massively bedded limestone farther up. The middle and upper parts of the formation are chiefly mediumto dark-gray, massively bedded limestone with only a small amount of yellow and tan-weathering shale scattered throughout or derived from the decomposed limestone. Near the top, the limestone gives way to light- to dark-gray, fine-grained, locally oolitic dolomite. The dolomite is distinctively different from that in the overlying Knox Group, as it has a smooth, rounded weathered surface and lacks the crisscross depressions that typify the weathered rock in the lower part of the Knox. Moreover, it is entirely lacking in bedded or nodular chert. The dolomite is exposed in the cut of U. S. Highway 411, about 1 mile northeast of the bridge over Big Cedar Creek.

Southwest of Cave Spring, carbonate rocks constitute an even greater part of the Conasauga. Limestone apparently dominates the middle part, and dolomite makes up most of the upper third of the formation. Dolomite crops out at several places

along U. S. Highway 411 near the Alabama State line. On fresh exposures the dolomite appears to be fairly pure, but upon weathering it leaves a residue of siliceous oolite and a few layers of fine-grained sandstone.

The upper part of the Conasauga consists of several hundred feet of calcareous olive-gray and tan shale interbedded with thick sections of massively bedded, blue-gray ribboned limestone and some gray dolomite. One shale unit is thick and makes up a prominent ridge that runs subparallel to Georgia Highway 53 near the Gordon County line. Ribboned limestone is well displayed near spring 5JJS51 southwest of Hermitage. The proportion of limestone increases upward until it completely replaces the shale at the top of the formation. The uppermost 200 to 300 feet of limestone and dolomite are equivalent to the Maynardville Limestone of Tennessee, as shown by fossils at the U.S. National Museum. The total thickness of the Conasauga northeast of Rome is about 1,500 feet.

From U. S. Highway 411, the Conasauga extends southward for a distance of about 2 miles into Polk County. Although it is not exposed, the soil and topography indicate that the formation there is chiefly limestone and dolomite.

In southeastern Floyd County, exposures are so limited that the makeup of the Conasauga could not accurately be determined. However, the amount of shale present in the reddish carbonate soil indicates that the lithology probably is similar to that in the area northeast of Rome.

Hydrology.—In the eastern belt, from the Gordon County line to a short way south of Paris Lake, including the outcrops in southeast Floyd County and the one in north-central Polk County, most wells yield between 2 and 25 gpm. The average depth of the wells is about 120 feet, but some are deeper than 300 feet. It may be possible to obtain far higher yields from wells drilled in limestone, as one well in the formation south of Calhoun in Gordon County produced nearly 300 gpm.

The range in well yields largely reflects the different lithologies in the formation. Nearly all of the low yielding wells are in shale, whereas the better producing ones are partly or wholly in limestone. To some extent in the shale, but more

so in the limestone, the amount of water obtained depends largely on the topographic position of the well site; wells positioned near the bottom of local drainage courses normally are the best producers. Even poorly defined drainage courses that flow only during wet periods are good drilling sites, as they tend to concentrate the flow of ground water and increase the quantity available to a well.

The quality of the well water varies from soft to hard, depending on the type of rock from which it is derived. The water generally has a low iron content.

A few springs discharge from this part of the Conasauga but they are small. Spring 5JJS1, about 1.75 miles south of the center of Shannon, flows about 0.58 mgd (million gallons per day) and is used for domestic supply (table 3). Hermitage Spring (5JJS4) has about the same flow. Spring 4HHS3 at Lindale discharges from limestone in the upper part of the formation and is used by an industry. Wells at this site were reported to furnish from 5 to more than 50 gpm; nearly all of the wells supply more than 10 gpm. The wells average about 80 feet deep. The deepest well was 105 feet. Water from this segment of the formation generally is moderately hard to hard.

Along the faulted valley that extends from near Hematite Crossing, Polk County, northward to the Floyd County line, several springs discharging into Little Cedar Creek have a combined flow of 3 to 7 mgd, depending on the time of year. Unfortunately, most of these are seep springs located on the poorly drained valley floor and are subject to flooding. Protecting them from pollution would require extensive improvements. Those few that are situated some distance from the creek offer the best possibility for development.

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### Western belt

The Conasauga, in the western belt, underlies most of the Coosa Valley southwest of Rome and large areas of Floyd County northeast of Rome. The rocks in the belt can be divided into three fairly distinct units although the contacts between them tend to be gradational and faulting and folding has brought about a mixing of types in some areas. Accurate differentiation of the units along much of their length is difficult or impossible because the ground is covered by thick alluvial and

soring flows in Floyd and Polk Counties, Ga.

|                  | <u>spring flows in Flovd and Pol</u> | Geologic<br>source  | Date<br>measured<br>or<br>estimated | flow<br>(mgd)     |                                                                     |  |  |
|------------------|--------------------------------------|---------------------|-------------------------------------|-------------------|---------------------------------------------------------------------|--|--|
|                  |                                      |                     |                                     |                   |                                                                     |  |  |
|                  | Floyd County:                        | Conasauga Formation | 11/30/62                            | 0.14 E.           |                                                                     |  |  |
| ٠ - ١            | Roy Williamon                        | Conasauga Formation |                                     | .04 E.            |                                                                     |  |  |
| 133              | Sukuomu                              | Conasauga Formation |                                     | . 25 E.           |                                                                     |  |  |
| -52              | Unknown                              | Conasauga Formation | 10/12/50                            | . 2               | Used by industry                                                    |  |  |
| , 453            | Pepperell Mfg. Co.                   | Conasauga Formation | 3/09/64                             | .15 E.            | Developed                                                           |  |  |
| <sub>(2</sub> 54 | Pepperell Mfg. Co.                   | Conasauga Formation | 3/09/64                             | .10 E.            | Developed                                                           |  |  |
| HS5              | Peppereli Mfg. Co.                   | Conasauga Formation | 11/09/61                            | .14+E.            | Not used                                                            |  |  |
| ::52             | w. b. Vann                           | Conasauga Formation | 10/26/61                            | .10 E.            |                                                                     |  |  |
| ::51             | Thknown                              | Į.                  | 10/26/61                            | .14 E.            | Supplies 5 homes                                                    |  |  |
| ::54             | Hermitage                            | Conasauga Formation | 10/12/50                            | .06               | Undeveloped                                                         |  |  |
| ::56             | Russell Spring                       | Conasauga Formation | 10/25/61                            | .10 E             | Used by milk process                                                |  |  |
| ::57             | Dempsey Brothers Dairy               | Conasauga Formation | 10/25/61                            |                   | sing plant                                                          |  |  |
| ·-=9             | Dempsey Brothers Dairy               | Conasauga Formation | 10/25/61                            | .10 E             | Used by milk processing plant                                       |  |  |
| :::10            | y. W. Blankenship                    | Conasauga Formation | 10/25/61                            | .07 E             |                                                                     |  |  |
| 5052             | Mrs. Oline Parker Old Mill Spring    | Knox Group          | 5/14/52<br>11/16/64                 | 5.                | Good industrial supply: would results large enclosure               |  |  |
| 93 <b>54</b>     | Jave Spring                          | Knox Group          | 10/11/50<br>5/14/62<br>11/16/64     | 2.4<br>2.6<br>2.5 | Supplies water to lave<br>Spring and Georgia<br>School for the Deaf |  |  |
| HHS1             | Harry Marion Spring                  | Knox Group          | 10/11/50                            | 1.3               | Undeveloped                                                         |  |  |
|                  |                                      |                     | 11/16/64                            | . 9               | Seep spring: discharge                                              |  |  |
| нн51             | Wax Spring                           | Knox Group          | 11/18/04                            |                   | from several sutlets                                                |  |  |
| HHS2             | J. R. Aprams                         | Knox Group          | 10/24/62                            | .14 €             | 5 homes                                                             |  |  |
| 5 HHS 3          | Luther Johnson &                     | Knox Group          | 10/24/62                            |                   | . Supplies community                                                |  |  |
| 5 HHS <b>4</b>   | Dan H. Norton                        | Knox Group          | 10/12/62                            | .14 E             | : Furnishes dairy and 4 homes.                                      |  |  |
| 533\$2           | Morrison Camp Ground Spring          | Knox Group          | 10/12/50                            | 1.5               | Partially encloses supplies Morrison Camp in summer                 |  |  |
|                  |                                      |                     | 11/18/64                            | . 36              |                                                                     |  |  |
| 50083            | Youngs Mill Spring                   | Knox Group          | 11/07/50                            | 2.                | Flows into last the spring difficult to protect                     |  |  |
|                  |                                      |                     | 11/12/63                            | 2 2.3             |                                                                     |  |  |
|                  |                                      | Knex Group          | 10/12/5                             | 0 .7              | Undeveloped                                                         |  |  |
| 5 JJS 5          | Edwards Spring                       | KHOR STOP           | 11/12/6                             | 2 .7              |                                                                     |  |  |
|                  |                                      | Knox Group          | 10/26/6                             | 1                 | Ε.                                                                  |  |  |
| 53351            | 1 Harry Dawson                       | Floyd Shale         | 11/18/6                             | .4 .3             | Undeveloped                                                         |  |  |
| 3JJS1            | Sand Spring                          | : Toka Suare        |                                     | 1                 |                                                                     |  |  |

Table 6 (cont.)

| Well no | (Metre 1                       | Type<br>of<br>well | Τορισ <b>ε έ</b> μλγ | Geologic<br>symbol<br>ot<br>aquifer | Diameter<br>of well<br>(inches) | impth<br>(teet) | ('ased to<br>(feet) | Water-level<br>below land<br>surface | Date<br>measured | Yield<br>(gpm) | lise               | Remaiks             |
|---------|--------------------------------|--------------------|----------------------|-------------------------------------|---------------------------------|-----------------|---------------------|--------------------------------------|------------------|----------------|--------------------|---------------------|
| 4111 37 | Jomen W. Terry                 | Drilled            | Hillside             | Lower OCk                           | 6                               | 137             | 120                 | 50                                   | 1959             | 7              | Domestic           | Muddles during hear |
| 38      | T. A. Green                    | Drilled            | Millside             | Lower OEk                           | 6                               | 80              | 78                  | 64                                   | 1959             | 12             | Domestic and stock | t dins              |
| 39      | A. W. Harton                   | Drilled            | Slope                | Cols                                | 6                               | 130             | 43                  | 38                                   | 1962             | 15             | Domestic and stock |                     |
| 40      | Pepperell Mfg. Co.             | Drilled            | Slope                | €c                                  | 6                               | 275             |                     |                                      |                  |                | Industrial         | 1                   |
| 41      | Pepperell Mfg. Co.             | Drilled            | Slope                | €c                                  | 6                               | 153             |                     |                                      |                  |                | Industrial         | ]                   |
| 42      | Pepperell Mtg. Co.             | Drilled            | Slope                | <b>C</b> c                          | 6                               | 126             |                     |                                      |                  |                | industrial         |                     |
| 43      | Pepperell Mfg. Co.             | Drilled            | Slope                | Cc                                  | 6                               | 126             |                     |                                      |                  |                | Industrial         |                     |
| 44      | Pepperell Mfg. Co.             | Drilled            | Slope                | €c                                  | 6                               | 75              |                     |                                      |                  |                | industrial         |                     |
| SHH1    | J. T. Traylor                  | Drilled            | Hillside             | Lower OCk                           | •                               | 120             | 120                 | 55                                   | 1960             |                | Domestic           |                     |
| 2       | K. N. Tate                     | Drilled            | Hillside             | Lower OCk                           | 6                               | 143             | 143                 | 70                                   | 1958             | 40             | Domestic and stock |                     |
| 1       | J. A. Engram                   | Drilled            | Hillside             | OCk - love:                         |                                 | 41              | 41                  | 27                                   | 1961             |                | Domestic           |                     |
|         | J, M. ingram                   | Ur i l led         | Hillside             | Lower OCk                           | 6                               | 80              | 70                  | 20                                   | 1957             | 10             | Domestic and stock |                     |
| ٠,      | R. B. Faerroon                 | prilled            | Slope                | Lower OCk                           | 6                               | 108             | 100                 | 75                                   | 1952             | . 11           | Domestic and stock |                     |
| b       | Lewis W. Sullins               | Drilled            | 5 lope               | Lower OEk                           | 6                               | 104             | 100                 | 54                                   | 1957             | 20             | Domestic           |                     |
| ,       | C. W. Kerce                    | Dug                | Slope                | Lower OCk                           | 36                              | 60              | 60                  | 50                                   | 1962             |                | Domestic and stock |                     |
|         | J. E. Albernathy               | Drilled            | Slope                | Lower OCk?                          | 6                               | 312             | 70                  | 60                                   | 1956             | 20             | Domestic and stock |                     |
| 9       | David Vaughii                  | Drilled            | Slope                | Lower OCk                           | 6                               | 472             | 74                  | 100                                  | 1952             |                | Domestic and stock |                     |
| 10      | Eugene Evans                   | Dr. 11ed           | Slape                | Lower OCk                           | 6                               | 120             | 105                 |                                      |                  | 7              | Domestic and stock |                     |
| 11      | B. H. Braden                   | Drilled            | Slope                | Lower OCk                           | 6                               | 135             |                     | 92                                   |                  | 12             | Domestic and Stock |                     |
| 12      | Earl Spain                     | Drilled            | Hillside             | Lower OCK                           |                                 | 75              | 75                  |                                      | • • • •          |                | Domestic           |                     |
| 13      | Mrs. Lodie Royers              | Drilled            | Hillside             | Lower OCk                           | 6                               | 1 30            |                     | 30                                   | 1959             |                | Domestic and stock |                     |
| 14      | Spring Creek Baptist<br>Church | Drilled            | Hillside             | Lower OCk                           | 6                               | 90              |                     |                                      |                  |                | Domestic           |                     |
| 15      | J. W. Thrash                   | Drilled            | Hillside             | Lover OCk                           | ١ ،                             | 10)             | 90                  | 50                                   | 1962             | 30             | Domestic           |                     |
| 16      | Mrs. G. F. Rogers              | Drilled            | Hillside             | Lower OCk                           | 6                               | 126             | 126                 |                                      |                  |                | Domestic and stock |                     |
| 17      | Tom Carroll                    | Drilled            | Hilleide             | Lower OCk                           | ٥                               | 276             |                     | 70                                   | 1962             | 17             | Domestic and stock |                     |
| 14      | John Ellington                 | Drilled            | Hillside             | Lower OCk                           | 6                               | 113             | 110                 | 25                                   | 1962             |                | Domestic           |                     |
| 19      | w. C. Lloyd                    | Drilled            | Hillside             | Lower OCk                           | 6                               | 92              | 85                  | 26                                   | 1952             | 60             | Domestic and stock |                     |
| 20      | R. E. Mitchell                 | Drilled            | Hillside             | Lower OCk                           | 6                               | 87              | 85                  | 10                                   | 1958             |                | Domestic           |                     |
| 21      | Grady Cook                     | prilled            | Hillside             | Lower OCk                           | 6                               | 100             |                     | 1 i                                  |                  | 20             | [pomerstic         |                     |

Table 6 (cont.)

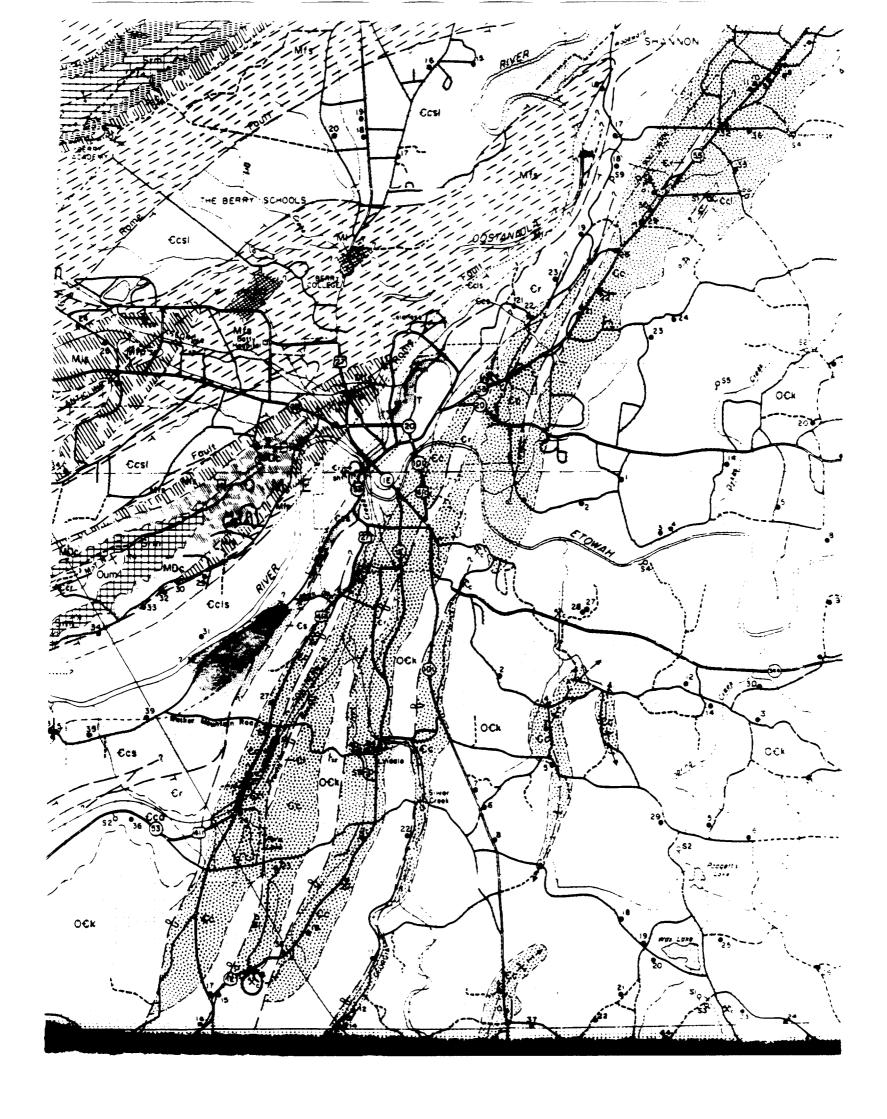
| Well no. | Owner               | Type<br>of<br>wit1 | Тороці арпу                           | Gerelogic<br>symbol<br>ot<br>aquifer | thameter<br>of well<br>(inches) | Depth<br>(feer) | Cased to<br>(feet) | Water-level<br>below land<br>surface | Date<br>measured | Yield<br>(gpm) | Use                | Kemarks       |
|----------|---------------------|--------------------|---------------------------------------|--------------------------------------|---------------------------------|-----------------|--------------------|--------------------------------------|------------------|----------------|--------------------|---------------|
| 411 9    | H. E. Thompson      | brilled            | Stope                                 | MIS                                  | T .                             | 60              | 3e                 | 1                                    | 1961             |                |                    |               |
| 10       | Albert Smith        | Drilled            | Slope                                 | Mts                                  | 6                               | <b>B</b> U      | 1.0                | 6                                    | 1957             |                | Domestic           | fone iron     |
| 11       | Eatl Yarborough     | Dr. 1led           | Stope                                 | l/a                                  | ı                               | <b>8</b> 1.     | 30                 | 6                                    | 1961             | 20             | Domestic and rock  |               |
| 12       | C. C. Lynch         | Drilled            | Slope                                 | Mfs                                  | t.                              | 60              | 21                 | At isd                               | 1961             |                | Domestic           |               |
| 13       | Earl Yarborough     | Drilled            | Sioper                                | Mts                                  |                                 | 89              | 52                 | 30                                   | 1954             |                | Domestic           | Some iron     |
| 14       | J. T. Winslett      | Drilled            | Stope                                 | MIS                                  |                                 | 66              |                    | 10                                   | - 1              | 10 ;           | Domestic           | Some tron     |
| 15       | E. O. Woodfin       | Drilled            | Slope                                 | €cs1                                 |                                 | 126             | /6                 | 10                                   | 1961             | 10             | Stock              |               |
| 16       | J. D. Cayle         | brilied            | Flat                                  | Ccs1                                 |                                 | 96              | 21                 | 10                                   | 1957             | 10             | Domestic           |               |
| 17       | J. L. Hall          | Drilled            | Sinpe                                 | €cs1                                 | .                               | <b>\$</b> 0     | 40                 | 10                                   | 1959             | [              | None               |               |
| 18       | Hoy to Imair        | Dirilled           | Flat                                  | €cs l                                | .                               | 67              | 20                 |                                      | 1953             | 20             | Domestic           |               |
| 19       | C. C. Lynch         | brilled            | Flat                                  | Cost                                 |                                 | 100             |                    | 14                                   | 1949             |                | Water grass        | Some tron     |
| 20       | Mr. Gresham         | brilled            | Slope                                 | eas i                                |                                 | 94              | 10                 | 10                                   | 1961             |                | Domestic           |               |
| 21       | C. G. Wall          | britica            | Slope                                 | Er.                                  | 1 1                             |                 | 10                 | 10                                   | 1946             |                | Domestic           |               |
| İ        |                     |                    | 31342                                 |                                      | •                               | 103             | 70                 | 1.0                                  | 1957             | 10             | Domestic           | QW analyses   |
| - 22     | J. Howard Ford      | brilled            | ы Горе                                | Cc                                   | ı                               | 189.5           | 101                | 20                                   | 1950             |                |                    |               |
| 2.5      | James H. Ellis, Jr. | Drilled            | Hillside                              | €1                                   |                                 | 97              | 92                 | 30                                   | 1956             | 10             | Domestic and stock |               |
| 24       | Jue Aycock          | Drilled            | Flat                                  | Mts                                  |                                 | 50              | 12                 | 15                                   |                  | 20             | Domestic           | Some iron     |
| 25       | Idas Adams          | Drilled            | Flat                                  | Mts                                  |                                 | 107             | 105                |                                      | 1957             | 10.            | DOMESTIC           | Some iton     |
| 26       | Pure Oil Company    | Drilled            | Flat                                  | Mis                                  |                                 | W6              | 26                 | 02                                   | 1944             |                | Domestic           |               |
| 27       | W. W. Purdy         | Drilled            | Slope                                 | ME                                   |                                 | 54              |                    | 10                                   | 1946             | 12             | Domestic           | Flows in wint |
| 2771     | Jerry Johnson       | Grilled            | Slope                                 | lower ock                            |                                 | 135             | 52.5               |                                      | }                |                | Domestic           |               |
| 2        | Redmond Ransom      | Diviled            | Slope                                 | €c                                   |                                 |                 |                    | 55                                   | 1961             |                | Domestic           |               |
|          | A. L. Paris         | Drilled            | Slope                                 | €c                                   | 1                               | 150             | 150                | •0                                   | 1962             |                | Domestic           |               |
|          | Bill McKellor       | Drilled            | Slope                                 | Cci                                  | 6                               | 164             | 60                 | 30                                   | 1945             | •              | DOMESTIC           |               |
| ,        | J. E. Gaines        | Drilled            | Slope                                 | ve                                   | • ]                             | 71              | 24                 | 10                                   | 1949             | 9              | Domestic           |               |
|          | William A. Gaines   | brilled            | Slope                                 | ľ                                    | • [                             | • 9             | 20                 | 15                                   | 1948             | 15             | Domestic and stock |               |
| ,        | Jessie Burch        | brilled            | · · · · · · · · · · · · · · · · · · · | €°C                                  | ٠                               | 85              | 10                 | •                                    | 1949             |                | Domestic           |               |
|          | J. T. Culbetson     | brilled            | Slope                                 | €c                                   | •                               | 32              | 32                 |                                      |                  | 17             | Domestic           |               |
| ,        | J. T. Culberson     | 1                  | Slope                                 | €c                                   | 6                               | 243             | 18                 | 15                                   | 1958             |                | Domestic           |               |
| i        |                     | brilled            | flat                                  | CC                                   | •                               | 50              | 17                 | 1.2                                  | 1953             |                | Domestic           |               |
| 10       | Bill McKellor       | brilled            | Flat                                  | €°c                                  |                                 | 100 6           | 42                 | 18                                   | 1961             |                | None               |               |

Ox

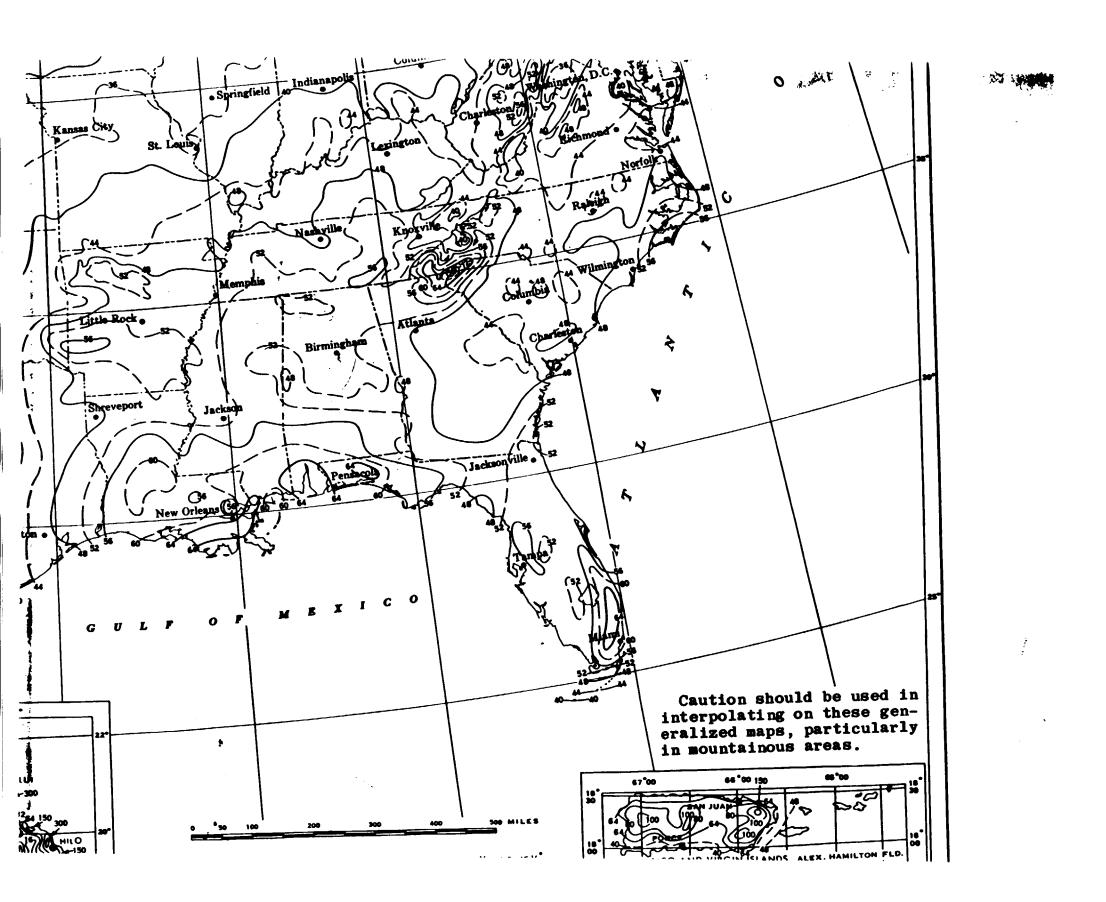
Table 6 (cont.)

| Well no. | Owner                              | Type<br>of<br>well | Topogr <b>a</b> phy | Geologic<br>symbol<br>of<br>aquifer | Diameter<br>of well<br>(inches) | Depth<br>(feet) | Cased to<br>(feet) | Water-level<br>below land<br>surface | Date<br>measured | Yield<br>(gpm) | Use                | Remarks       |
|----------|------------------------------------|--------------------|---------------------|-------------------------------------|---------------------------------|-----------------|--------------------|--------------------------------------|------------------|----------------|--------------------|---------------|
| 7311     | Bill McKellor                      | Drilled            | Plat                | €c                                  | 6                               | 70              | 20                 | 10                                   | 1942             |                | Domestic           |               |
| 12       | Monroe Caine                       | Drilled            | Slope               | €cs1                                | •                               | 72              |                    | 12                                   | 1961             |                | Domestic and stock |               |
| 13       | William E. Dawes                   | Drilled            | S1op#               | €cs1                                | 6                               | 01              | 19.5               | 12                                   | 1961             | 10             | Domestic and stock |               |
| 14       | J. R. Dempsey                      | Drilled            | Slope               | Lower OCk                           | 6                               | 1 30            | 120                | 60                                   | 1960             | }              | Domestic           |               |
| 15       | Glenn Davis                        | Drilled            | Slope               | Ccsl                                | 6                               | 83              | 30                 | 23                                   | 1950             |                | Domestic           |               |
| 16       | William Otto Dutton                | Drilled            | Slope               | Cost or Mfs                         | 6                               | 100.5           |                    |                                      |                  |                | Domestic           |               |
| 17       | Ben Johnson                        | Drill <b>ed</b>    | Flat                | Cr                                  | 6                               | 140             | ●0                 | 50                                   | 1960             |                | None               |               |
| 1 8      | James T. Johnson                   | Drilled            | Slope               | Cr                                  | 6                               | ■0              |                    | 14                                   | 1954             |                | Domestic           |               |
| 19       | William J. Wosely                  | Drilled            | Hillside            | Cr                                  | 6                               | 120             | 42                 | 30                                   | 1961             |                | Domestic           |               |
| 70       | Floyd County Board of<br>Education | Drilled            | Hillside            | Lower OEk                           | 6                               | 170             | 170                | 110                                  | 1940             | 16             | School             |               |
| . 1      | Hobert H. Vaughan                  | prilled            | Hıllside            | €c or €r                            | 6                               | 122             | 100                | 40                                   | 1961             |                | Yard               |               |
| 22       | N V. Crowder                       | Drilled            | Flat                | €c                                  | 6                               | 580             | 12                 | 12                                   | 1959             | 10             | Stock              | Water muddies |
| 21       | J. L. Bishop                       | Drilled            | Hillside            | Lower Oek                           | 6                               | 209             | 186                | 167                                  | 1959             | 5+             | Domestic           | Water muddies |
| 24       | C. A. Teague                       | Drilled            | Slope               | Lower OCk                           | 6                               | 225             |                    | 125                                  | 1941             |                | Domestic           |               |
| 25       | B. R. Groyan                       | Drilled            | Hillside            | Lower Ock                           | 6                               | 470             | 110                | 90                                   | 1961             | 25             | Domestic and stock |               |
| 26       | J. T. Stower                       | Drilled            | Hillside            | Lower OCk                           | 6                               | 150             | 142                | ,,                                   | 1955             | 10             | Domestic           |               |
| 27       | Henry Sherman                      | Drilled            | Hillside            | Lower OEk                           | 6                               | 160             | 160                | 75                                   | 1958             | 15             | Domestic           |               |
| 28       | Southeastern Pipeline<br>Company   | Drilled            | Flat                | -€c or O€k                          | •                               | 363             | 360                | 10                                   | 1961             | 32             | None               | Water Muddles |
| 29       | C. C. Davis & Bro.                 | Drilled            | Slope               | €c                                  |                                 | 100             | •                  | 13                                   | 1961             | 20             | Domestic and stock |               |
| 30       | C. C. Davis & Bro.                 | Drilled            | Slope               | €c                                  | 6                               | 70              | 12                 | 26                                   | 1957             |                | Domestic and stock |               |
| 11       | Burt Dempsey, Jr.<br>& Brother     | Drilled            | Slope               | €c                                  | •                               | 159             | 16                 | 20                                   | 1961             | 17             | Domestic           |               |
| 32       | Russell Cochran                    | Drilled            | Flat                | €c                                  | 6                               | 66              |                    | 40                                   | 1957             |                | Domestic           |               |
| 13       | F. A. Webb                         | Drilled            | Slope               | €c                                  | 6                               | 64              | 58                 | •                                    | 1960             | 10             | Domestic           |               |
| 34       | J. M. Lumpkin                      | Drilled            | Slope               | Lower OEk                           | 6                               | 148             | 148                | 110                                  | 1960             |                | Domestic and stock |               |
| 35       | Floyd Carner                       | Drilled            | Slope               | Lower OEk                           | 6                               | 136.5           | 126                | 40                                   | 1950             | 9.             | Domestic           |               |
| 36       | Will Waters                        | Drilled            | Slope               | €c                                  | •                               | 1 30            | 112                | 70                                   | 1957             |                | Domestic           |               |
| 1/       | 1. W. Sherman                      | Drilled            | Slope               | Lower OEk                           | •                               | 1 35            | 135                |                                      |                  | 10             | Domestic and stuck |               |
| 18       | Willis Bros , Inc.                 | Drilled            | Slope               | €csl                                | 6                               | 50              | 30                 |                                      |                  | 20             | Domestic and stock |               |

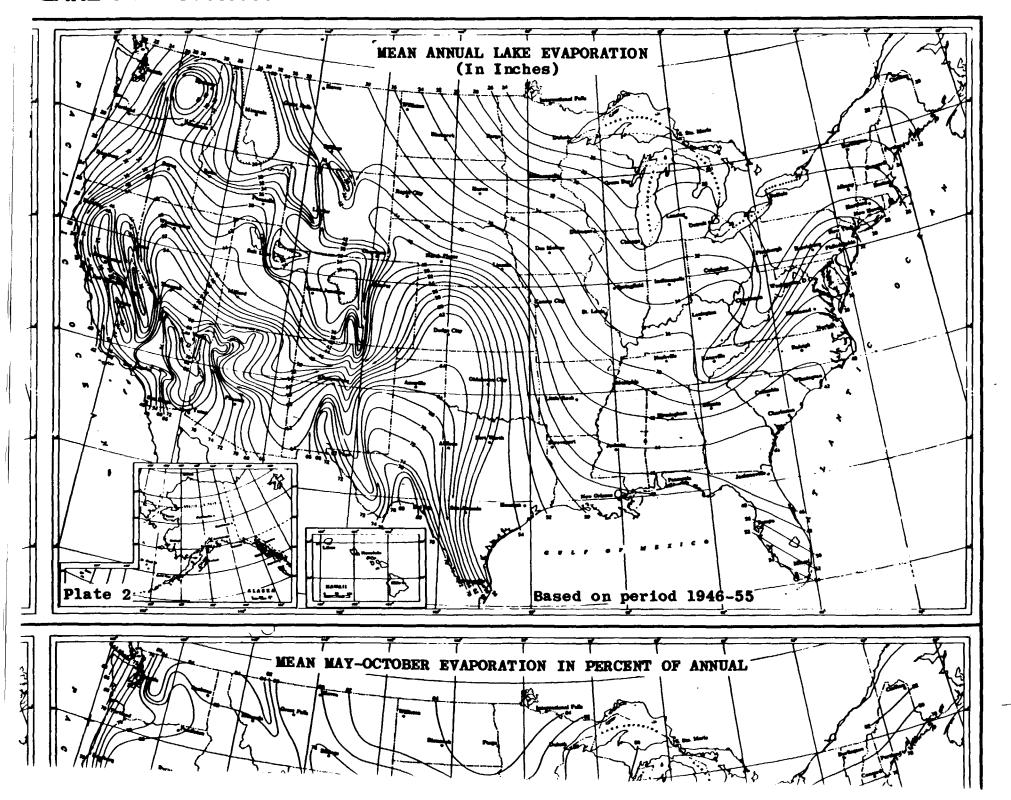
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conmental Science Services Administration . Environmental Data Service



### LAKE EVAPORATION



# TECHNICAL PAPER NO. 40

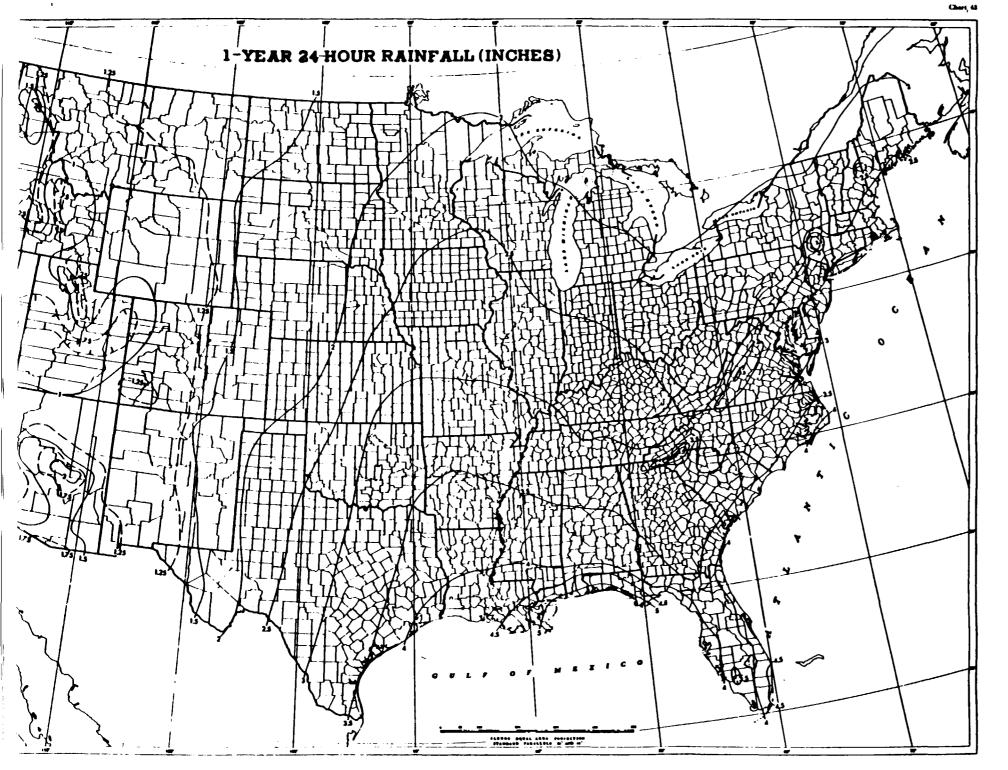
RAINFALL FREQUENCY ATLAS OF THE UNITED STATES

for Durations from 30 Minutes to 24 Hours and Return Periods from 1 to 100 Years

Comperative Studies Section, Hydrologic Services Division Engineering Division, Soil Conservation Service U.S. Department of Agriculture DAVID M. HERSHFIELD Prepared by



PROPERTY OF 



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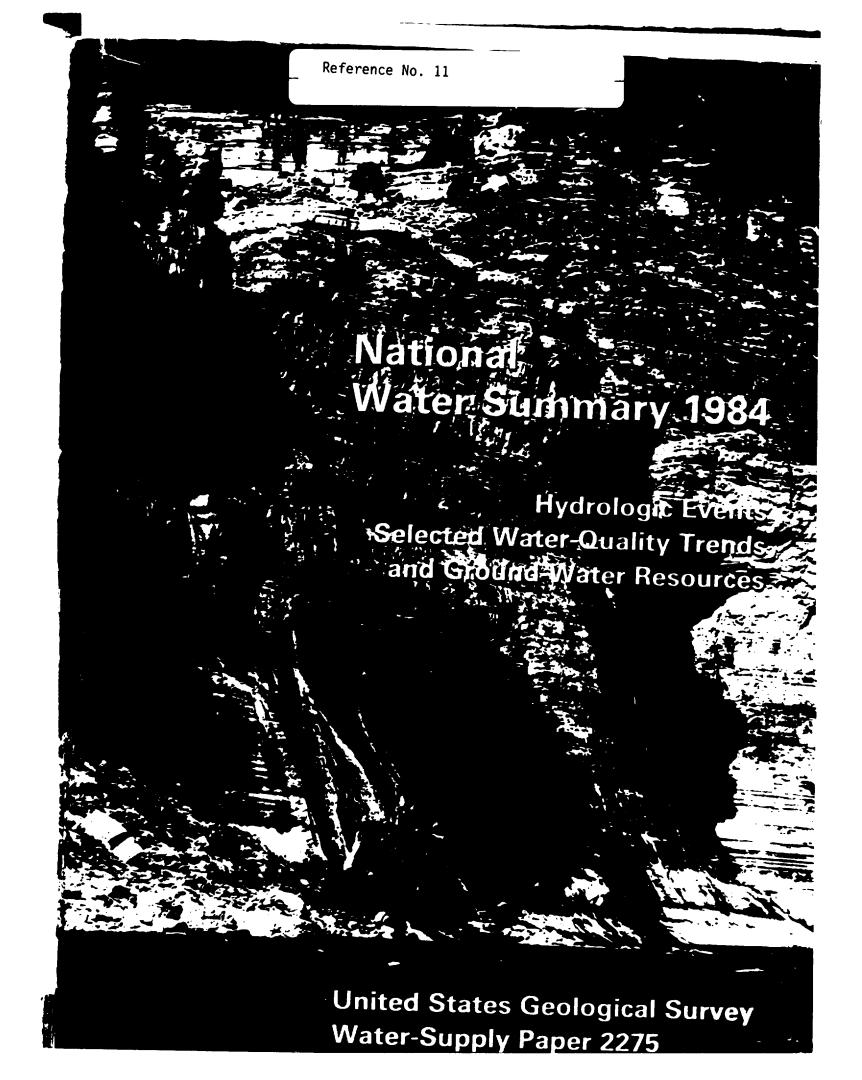


Table 2. Aquifer and well characteristics in Georgia

[Ft = feet; gal/min = gallons per minute. Sources: Reports of the U.S. Geological Survey and Georgia Geologic Survey]

| Aquifer name and description .                                                                                                                    | Depth (ft) | characteristics<br>Yield (ga | /min)         | Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                   | Common     | Common                       | May<br>exceed | r springer from                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Floridan aquifer system: Limestone, dolomite, and calcareous sand. Generally confined.                                                            | 40 - 900   | 1,000 - 5,000                | 11,000        | Supplies 50 percent of ground water in State. Major users include the Savannah, the Brunswick, the Jesup, the St. Marys, the Albany, and the Dougherty Plain areas. Water-level declines at Savannah and Brunswick. Intrusion of brackish water from deeper zones at Brunswick. In some areas, water has natural radioactivity that exceeds State and national drinkingwater regulations. Formerly called principal artesian aquifer.                                      |
| Claiborne aquifer: Sand and sandy limestone. Generally confined.                                                                                  | 20 - 450   | 150 - 600                    | 1,500         | Major source of water in southwestern Georgia. Supplies industrial and municipal users at Dougherty, Crisp and Dooly Counties and provides irrigation water north of Dougherty Plain. Called Tertiary sands aquifer in South Carolina and Tennessee. Part of Tertiary sedimentary aquifer system in Alabama.                                                                                                                                                               |
| Clayton aquifer: Limestone and sand. Generally confined.                                                                                          | 40 - 800   | 250 - 600                    | 2,150         | Major source of water in southwestern Georgia. Supplies industrial and municipal users at Albany and provides irrigation water northwest of Albany. Water-level declines exceed 100 ft at Albany. Iron concentrations in Randolph County exceed national drinking water regulations. Part of Tertiary sedimentary aquifer system in Alabama.                                                                                                                               |
| Cretaceous aquifer system: Sand and gravel. Generally confined.                                                                                   | 30 - 750   | 50 <b>-</b> 1,200            | 3,300         | Major source of water in east-central Georgia. Supplies water for kaolin mining and processing. Includes Providence aquifer in southwestern Georgia. Water-level declines greater than 50 ft at kaolin mining centers and 100 ft near Albany. Iron concentrations exceed national drinking-water regulations in some areas. Called Black Creek and Middendorf aquifers in South Carolina.                                                                                  |
| Paleozoic aquifers: Sandstone, limestone, and dolomite; storage is in regolith and fractures and solution openings in rock. Generally unconfined. | 15 - 2,100 | 1 - 50                       | 3,500         | Not laterally extensive. Limestone and dolomite aquifers most productive. Springs in limestone and dolostone aquifers discharge at rates of as much as 5,000 gal/min. Sinkholes can form in areas of intensive pumping. Water is generally of good quality, although contamination from septic tanks and farm waste reported in some areas. Laterally equivalent to Paleozoic carbonate aquifers in Alabama and Pennsylvanian sandstone aquifers in Alabama and Tennessee. |
| Crystalline rock aquifers: Granite, gneiss, schist, and quartzite; storage is in fractures in rock and in regolith. Generally unconfined.         | 40 - 600   | 1 - 25                       | 500           | Not laterally extensive. Water of good quality with exception of large concentrations of iron and manganese in some areas and contamination from septic tank effluent in densely populated areas.                                                                                                                                                                                                                                                                          |

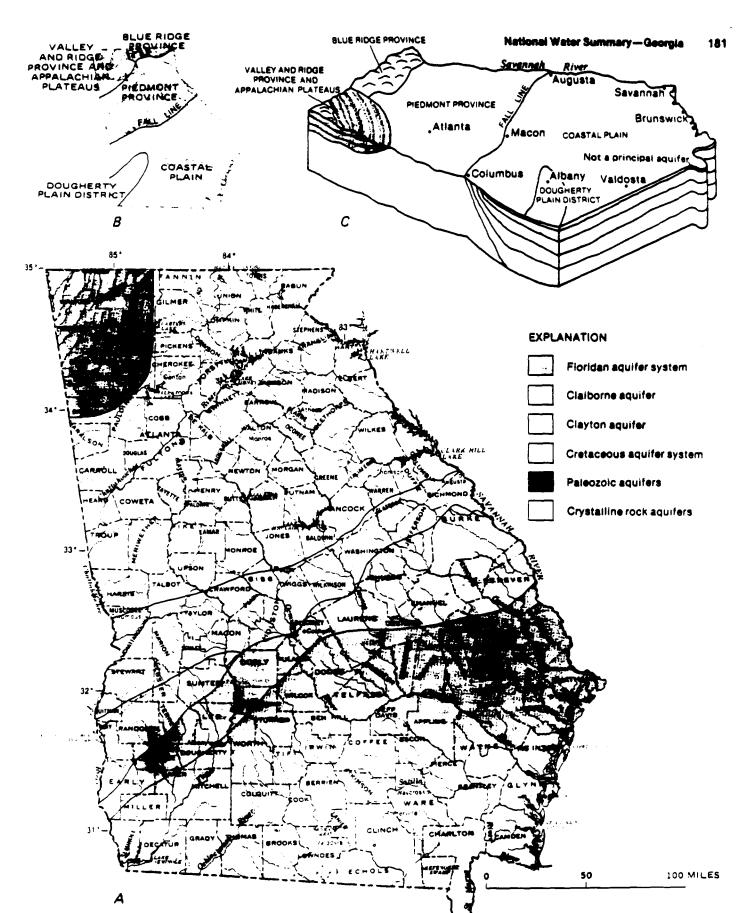


Figure 1. Principal aquifers in Georgia. A, Geographic distribution. B, Physiographic diagram and divisions. C, Block diagram showing principal aquifers and physiographic divisions. (See table 2 for a more detailed description of the aquifers. Sources: A, J. S. Clarke, U.S. Geological Survey, written commun., 1984. B, Fenneman, 1938; Raisz, 1954. C, Modified from Pierce and others, 1984.)

### CLAIBORNE AQUIFER

The Claiborne aquifer is an important source of water in part of southwestern Georgia (fig. 1) and supplied an estimated 36 Mgal/d in 1980, primarily for irrigation (McFadden and Perriello, 1983). Although the Claiborne aquifer yields water suitable for most uses over most of its extent, naturally occurring concentrations of dissolved solids and chloride in the south-central part of the State have been reported as 22,200 and 11,900 mg/L, respectively (Wait, 1960).

### CLAYTON AQUIFER

The Clayton aquifer is an important source of water in southwestern Georgia (fig. 1), where it supplied an estimated 20 Mgal/d in 1980. Most of the withdrawals were for public supply (58 percent) and irrigation (35 percent). With the exception of large concentrations of iron (greater than 0.3 mg/L) in Randolph County, water from the aquifer is suitable for most uses (Clarke and others, 1984).

### CRETACEOUS AQUIFER SYSTEM

The Cretaceous aquifer system is a major source of water in the northern one-third of the Coastal Plain (fig. 1). During 1980, the aquifer system yielded an estimated 128 Mgal/d, primarily for industrial and public-supply use. The aquifer system consists of sand and gravel that locally contain layers of clay and silt which function as confining beds. These confining beds locally separate the aquifer system into two or more aquifers. In southwestern Georgia, the Providence aquifer is part of the Cretaceous aquifer system. Water from the aquifer system is soft (less than 60 mg/L as calcium carbonate), has little dissolved solids (generally less than 100 mg/L), and is of a sodium bicarbonate type that is suitable for most uses. In the center of the area of usage (fig. 1), the iron concentration may be as much as 6.7 mg/L.

### PALEOZOIC AQUIFERS

Water in the Paleozoic aquifers generally is unconfined, and storage is limited mainly to joints, fractures, and solution openings in the bedrock. During 1980, an estimated 33 Mgal/d was withdrawn from the Paleozoic aquifers, primarily for industrial supply. Wells that tap the Paleozoic aquifers yield differing amounts of water, depending on the aquifer used. Dolostone aquifers typically yield 5 to 50 gallons per minute (gal/min), whereas limestone and sandstone aquifers typically yield 1 to 20 gal/min; maximum reported yields from these aquifers are 3,500 and 300 gal/min, respectively. Springs discharge from the limestone and dolostone aquifers at rates of as much as 5,000 gal/min. Where the limestone and dolostone aquifers are near land surface, pumping can contribute to the formation of sinkholes. Water from wells and springs in the Paleozoic aquifers generally is suitable for most uses, although contamination from septic tanks and farm waste has been reported (Cressler and others, 1976).

### CRYSTALLINE ROCK AQUIFERS

Although individual crystalline rock aquifers are not laterally extensive, collectively they yielded an estimated 99 Mgal/d in 1980, primarily for rural supply. Ground-water storage occurs in the regolith and where the rocks have joints, fractures, and other types of secondary openings (Cressler and others, 1983). Crystalline rock aquifers in these areas generally are unconfined and show a pronounced response to rainfall, although deep fracture systems commonly are confined. Water from the aquifers generally is suitable for most uses, and, with the exception of iron (as much as 14 mg/L) and manganese (as much as 1.5 mg/L), constituent concentrations

rarely exceed national drinking-water regulations (U.S. Environmental Protection Agency, 1982a,b). In some densely populated areas, septic-tank effluent has contaminated the aquifers (Cressler and others, 1983).

### GROUND-WATER WITHDRAWALS AND WATER-LEVEL TRENDS

Major areas of ground-water withdrawals and trends in ground-water levels near selected pumping centers are shown in figure 2. With the exception of one center in the Valley and Ridge province (location 1, fig. 2), all major pumping centers are in the Coastal Plain, where aquifers are very productive. The largest pumping center is the Dougherty Plain area where ground-water withdrawal for irrigation exceeds 200 Mgal/d.

The hydrographs shown in figure 2 reflect the responses of aquifers to pumping at selected pumping centers under a variety of hydrologic conditions. In the Floridan aquifer system, large cones of depression have formed at Savannah, Brunswick, Jesup, and St. Marys as a result of pumping for industrial and public supply. At Savannah (location 5, fig 2.), the water level has declined at least 160 feet (ft) since pumping began in the late 1800's (McCollum and Counts, 1964). The hydrograph shows that the water level declined 45 ft from 1954 to 1961 and less than 10 ft from 1961 to 1984. These changes reflect pumping patterns in the area. At Brunswick, the water level in the aquifer system declined 65 ft from predevelopment to 1964 (Wait and Gregg, 1973). The decline continued until 1982 (location 7, fig. 2), then rose about 10 ft as the result of a significant decrease in pumping by a major water user. Near Valdosta (location 9, fig. 2), the water level in the Floridan aquifer system responds to changes in recharge derived from streamflow and to local pumping. The hydrograph shows a moderate long-term response to changing recharge rates and to pumping. Pumpage from the Floridan aquifer system in the Dougherty Plain area (location 11, fig. 2) is primarily for seasonal irrigation which, averaged over the year, exceeded 200 Mgal/d in 1980. In this area, pumpage is scattered widely. Some recharge to the Floridan aquifer system occurs locally. As a result, water-levels recover annu-

In the Albany area (location 10, fig. 2), water is withdrawn from the Tertiary Floridan aquifer system, the Claiborne aquifer, and the Clayton aquifer and the Cretaceous Providence aquifer. Water-level declines of more than 100 ft have occurred in the Clayton and Providence aquifers (Clarke and others, 1983, 1984). The water level in the Clayton aquifer near withdrawal location 10 (fig. 2) generally declined from 1958 to 1984 in response to increased pumping for public supply and agriculture.

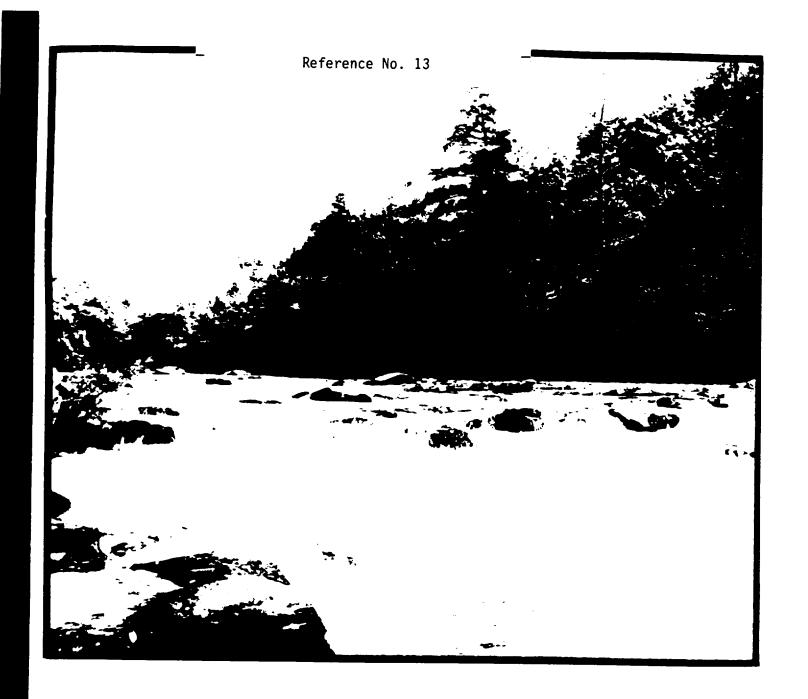
The water level in the Cretaceous aquifer system has declined more than 50 ft since 1950 in areas of heavy pumping for public supply and industrial use. However, in the Huber-Warner Robins area (location 4, fig. 2), the water level has not declined significantly from 1975 to 1984 despite a slight increase in ground-water withdrawals during that period.

### GROUND-WATER MANAGEMENT

Georgia has a comprehensive set of laws governing the quality and use of ground water. The Ground-Water Use Act of 1972 provided for the permitting of withdrawals for industrial and municipal use that exceed 100,000 gallons per day (gal/d) and authorized the Georgia Environmental Protection Division to issue regulations about reporting, timing of withdrawals, abatement of saltwater encroachment, well depth and spacing, and pumping levels or rates. Amendments to the

| NUS CORPORATION / R                                            | eference No. 12                                                                                                                                                                                                            | TELECON NOTE                                                               |  |  |  |  |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|--|--|--|
| CONTROL NO.                                                    | DATE: March 6, 1989                                                                                                                                                                                                        | TIME: 9:35                                                                 |  |  |  |  |
| DISTRIBUTION:                                                  |                                                                                                                                                                                                                            | <del>-1</del>                                                              |  |  |  |  |
| File Material<br>Rome Coal Tar Pit                             |                                                                                                                                                                                                                            |                                                                            |  |  |  |  |
| BETWEEN: Gary Besser                                           | OF: GA-DNR Fisheries Division                                                                                                                                                                                              | PHONE: (404) 629-1259                                                      |  |  |  |  |
| AND: Sheri Panabaker, NUS Cor                                  | poration                                                                                                                                                                                                                   |                                                                            |  |  |  |  |
| DISCUSSION:                                                    |                                                                                                                                                                                                                            | ·                                                                          |  |  |  |  |
| upstream of Rome to Rome. I a line, and the oostanaula River n | e was any commercial or recreational fishings asked him about the Coosa River from orth of Rome. He said the rivers are closeshing. He didn't know any exact numbers the coost and the coost and the coost are closeshing. | m Rome to the Alabama-Georgia State ed to commercial fishing but that they |  |  |  |  |
| ACTION ITEMS:                                                  |                                                                                                                                                                                                                            |                                                                            |  |  |  |  |

NUS 067 REVISED 0685



# Water Availability & Use Coosa River Basin

Georgia Department of Natural Resources Environmental Protection Division

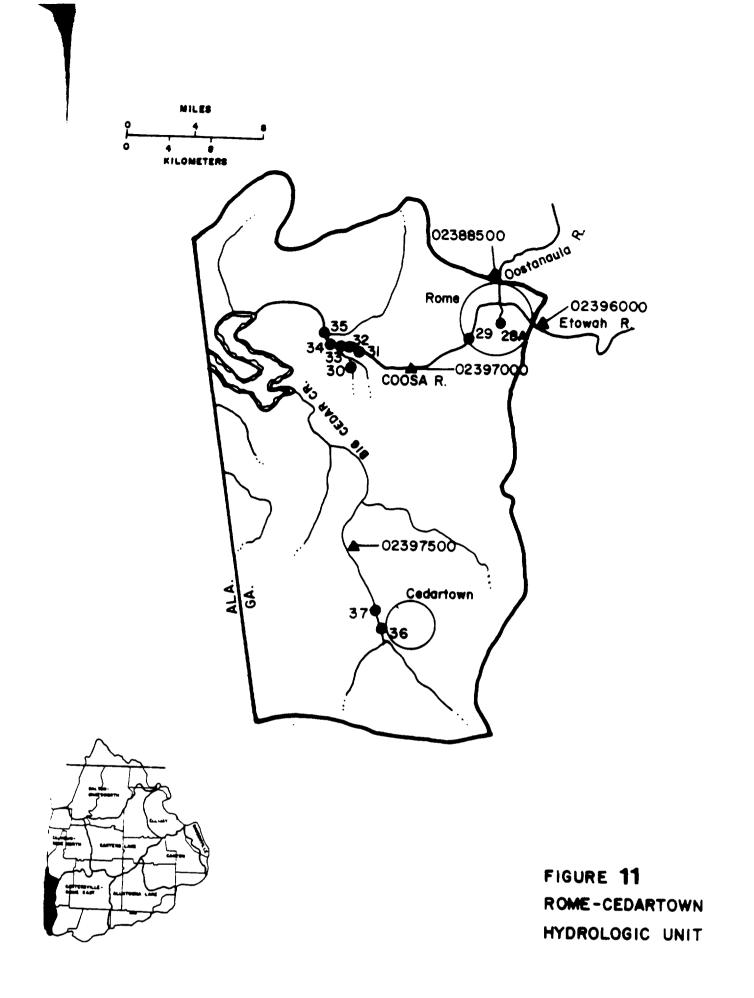


TABLE 10

Intakes and Discharges in the Coosa River Basin

| HYDROLOGIC UNIT/Facility Name  | Location<br>Number | River<br>Mile(mi) | Drainage<br>Area(sq.mi.) | 7010 Low *<br>Stream Flow (cfs) | September 1980<br>Average Daily Flow(cfs)<br>Withdrawal/Discharge |
|--------------------------------|--------------------|-------------------|--------------------------|---------------------------------|-------------------------------------------------------------------|
| ROME-CEDARTOWN HYDROLOGIC UNIT |                    |                   |                          |                                 | ,                                                                 |
| West Point Pepperell Intake    | 28A                |                   |                          |                                 | 10.1                                                              |
| West Point Pepperell           | 28A                |                   |                          |                                 | 8.6                                                               |
| Rome WPCP                      | 29                 | 642.3             | 4010.0                   | 1158                            | 11.1                                                              |
| Georgia Kraft Company          | 30                 | 630.2             | -                        | 0.6                             | 3.1                                                               |
| Georgia Kraft Company          | 31                 | 630.4             | 4110.0                   | 1400                            | 6.2                                                               |
| Georgia Kraft Company          | 32                 | 630.1             | -                        | 1400                            | 35.6                                                              |
| Georgia Kraft Company          | 33                 | 629.9             | -                        | 1400                            | 18.6                                                              |
| Georgia Power Plant Hammond    | 34                 | 629.3             | 4110.0                   | 1400                            | 932.8                                                             |
| Georgia Power Plant Hammond    | <b>35</b> ·        | 629.2             | 4110.0                   | 1400                            | 931.9                                                             |
| Diamond Shamrock Corporation   | 36                 | 643.3             | 73.4                     | 19                              | 1.6                                                               |
| Cedartown WPCP                 | 37                 | 642.7             | 8.1                      | 0.2                             | 1.1                                                               |
| Minor Facility Withdrawals     |                    |                   |                          |                                 | 0.6                                                               |
| Minor Facility Discharges      |                    |                   |                          |                                 | 2.6                                                               |

<sup>\*</sup>The 7010's are a mixture of both natural and regulated flows.

| NUS CORPORATIOR                                                                                                                                                                                                                     | eference No. 14                                                                                                                              | TELECON NOTE                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| CONTROL NO.                                                                                                                                                                                                                         | DATE: March 1, 1989                                                                                                                          | TIME: 2:20                                                                                                |
| DISTRIBUTION:                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                           |
| BETWEEN: Beth Underwood                                                                                                                                                                                                             | OF: Chamber of Commerce, Rome, GA                                                                                                            | PHONE: (404) 291-7663                                                                                     |
| AND: Sheri Panabaker, NUS Corporati                                                                                                                                                                                                 | on                                                                                                                                           |                                                                                                           |
| I asked Ms. Underwood what West Poi name to Lindale Manufacturing and ware in textiles. Their phone number is a lalso asked her about Georgia Kraft (withdrawing a lot of water from the shad 216 office workers, and 150 employed) | ere a subsidary of G <del>rain Wood</del> Mills.<br>234-1621.<br>Company since, they were downstrean<br>tream. She said they had changed the | They have 1100 employees and they m of West Point Pepperell and were sir name to Temple-Inland, thay they |
| ACTION ITEMS:                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                           |

# OVERSIZED DOCUMENT

MAD

# SEPA Notification of Hazardous Waste Site

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

EPA Form 9900-1

810608

|   | ·<br>                                                                                                                      |                                   |          |                        |                                                              | 4                                            | SAS                                                 | 00                       | 2000                                      | 01021                                                                          |
|---|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------|------------------------|--------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|--------------------------|-------------------------------------------|--------------------------------------------------------------------------------|
| A | Person Required to Notify:                                                                                                 |                                   | Name     | West Poin              | t Peppere                                                    | 11, Inc.                                     | <del></del>                                         |                          |                                           |                                                                                |
|   | Enter the name and address of th<br>or organization required to notify.                                                    |                                   | Street   | <del></del>            | <u>71</u>                                                    |                                              |                                                     |                          |                                           |                                                                                |
|   |                                                                                                                            |                                   |          | West Poin              |                                                              |                                              |                                                     |                          |                                           | 21022                                                                          |
|   |                                                                                                                            |                                   | City     | west form              |                                                              |                                              | State 1                                             | GA.                      | Zip Code                                  | 31833                                                                          |
| 3 | Site Location: Enter the common name (if known) and                                                                        |                                   |          | of Site Line           | lale Mill                                                    | - Site                                       | <b>#1</b>                                           |                          |                                           |                                                                                |
|   | actual location of the site.                                                                                               |                                   | Street   | Park Si                | reet                                                         |                                              |                                                     |                          |                                           |                                                                                |
|   |                                                                                                                            |                                   | City     | Lindale                | County                                                       | Floyd                                        | State                                               | GA                       | Zip Code                                  | 30147                                                                          |
| ; | Person to Contact:                                                                                                         |                                   |          |                        | · · · · · · · · · · · · · · · · · · ·                        |                                              |                                                     |                          |                                           | <del></del>                                                                    |
|   | Enter the name, title (if applicable), and                                                                                 |                                   | Name (   | Last, First and Title  | Birdson                                                      | ng, J. M                                     | ., Super                                            | viso                     | <u>r</u>                                  |                                                                                |
|   | business telephone number of the person to contact regarding information submitted on this form.                           |                                   |          | (205) 756              | 5-7111                                                       | X-2.                                         | 570                                                 |                          |                                           |                                                                                |
| ) | Dates of Waste Handling:                                                                                                   | · · · · · · · · · · · · · · · · · |          |                        |                                                              | <u></u>                                      |                                                     |                          |                                           |                                                                                |
|   | Enter the years that you estimate treatment, storage, or disposal begended at the site.                                    |                                   | From (Y  | (ear) 1976             | To (Year)                                                    | 1976                                         |                                                     |                          |                                           |                                                                                |
|   | Waste Type: Choose the optio                                                                                               | n you pr                          | efer to  | complete               |                                                              |                                              |                                                     |                          |                                           | ·                                                                              |
|   | Option I: Select general waste typ                                                                                         | ,                                 |          | ,                      | Ontion 2                                                     | . This optio                                 | والجارج عارض                                        | bla to r                 | orcone far                                | niliar with the                                                                |
|   | you do not know the general waste encouraged to describe the site in                                                       | te types or                       | source   | es, you are            | Résource                                                     |                                              | ion and Re                                          |                          |                                           | ) Section 300                                                                  |
|   | General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category. | Source of<br>Place an<br>boxes.   |          | te:<br>e appropriate   | EPA has<br>listed in<br>appropria<br>the list o<br>contactin | the regulati<br>ite four-digi<br>f hazardous | four-digit<br>ons under<br>it number i<br>wastes ar | Section in the bond code | n 3001 of l<br>poxes provi<br>es can be o | azardous was<br>RCRA, Enter t<br>ded. A copy o<br>btained by<br>which the site |
|   | 1.  Organics                                                                                                               | 1. 🗆 Mi                           | ning     |                        | located.                                                     |                                              |                                                     |                          |                                           |                                                                                |
|   | 2.   Inorganics                                                                                                            | 2. 🗆 Co                           | nstruct  | ion                    |                                                              |                                              |                                                     |                          |                                           |                                                                                |
|   | 3.  Solvents                                                                                                               | 3. 23 Te                          |          |                        |                                                              |                                              |                                                     |                          |                                           |                                                                                |
|   | 4.   Pesticides                                                                                                            | 4. □ Fe                           |          |                        |                                                              |                                              |                                                     |                          |                                           |                                                                                |
|   | 5. D Heavy metals                                                                                                          | 5. □ Pa                           | •        | _                      |                                                              |                                              |                                                     |                          |                                           |                                                                                |
|   | 6. ⊠ Acids                                                                                                                 | 6. 🗆 Le                           |          | -                      |                                                              |                                              |                                                     |                          |                                           |                                                                                |
|   | 7. □ Bases<br>8. □ PCBs                                                                                                    |                                   |          | l Foundry<br>, General |                                                              |                                              | -                                                   |                          | ¦                                         |                                                                                |
|   | 9. Mixed Municipal Waste                                                                                                   | 9. 🗆 Pla                          |          |                        |                                                              |                                              |                                                     |                          | i                                         |                                                                                |
|   | 10. Unknown                                                                                                                |                                   | _        | Ammunition             | <u> </u>                                                     |                                              | n <u> </u>                                          | <u> </u>                 | 1                                         | <b></b>                                                                        |
|   | 11.°□ Other (Specify)                                                                                                      |                                   | •        | Conductors             | ļ <b>—</b> ———                                               |                                              | 2 (2)                                               | <u> </u>                 | <u></u>                                   | <b>&gt;</b>                                                                    |
|   |                                                                                                                            | 12. 🗆 Tra                         |          |                        | L                                                            | <u></u>                                      |                                                     | <del>- 20 [</del>        |                                           | <u> </u>                                                                       |
|   |                                                                                                                            | 13. 🗆 Ut                          | ility Co | mpanies                |                                                              | /is                                          | ` <b>.</b>                                          | TH i                     | n.                                        |                                                                                |
|   |                                                                                                                            | 14. 🗆 Sa                          | -        |                        |                                                              | <u> </u>                                     | 91                                                  | <u> </u>                 |                                           |                                                                                |
|   |                                                                                                                            | 15. 🗆 Ph                          | otofinis | sh                     |                                                              |                                              | * <del></del>                                       | 2                        |                                           |                                                                                |
|   |                                                                                                                            | 16. 🗆 La                          | -        |                        |                                                              |                                              |                                                     | <b>—</b>                 |                                           | 2                                                                              |
|   |                                                                                                                            | 17. 🗆 Ur                          |          |                        |                                                              | •                                            | -1 <u>-</u> 5                                       | <                        | . '                                       |                                                                                |
|   |                                                                                                                            | 18. 🗆 Ot                          | ner (Sp  | ecity)                 |                                                              |                                              |                                                     |                          |                                           |                                                                                |
|   |                                                                                                                            |                                   |          |                        |                                                              |                                              |                                                     |                          |                                           |                                                                                |
|   | Form Approved                                                                                                              |                                   |          |                        | [                                                            |                                              |                                                     |                          |                                           |                                                                                |

|   | Notification of Hazardous Waste Site                                                                                                                                                                                                                                                                                                                                  | Side Two                                                                                                                                                                                                                  |                                                                    |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| - | Waste Quantity:                                                                                                                                                                                                                                                                                                                                                       | Facility Type                                                                                                                                                                                                             | Total Facility Waste Amount                                        |
|   | Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.  In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres. | <ol> <li>Piles</li> <li>Mand Treatment</li> <li>Landfill</li> <li>Tanks</li> <li>Impoundment</li> <li>Underground Injection</li> <li>Drums, Above Ground</li> <li>Drums, Below Ground</li> <li>Other (Specify)</li> </ol> | cutor feet  paicins 200 G  Total Facility Area socare feet unknown |
|   |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                    |
| ì | Known, Suspected or Likely Releases Place an X in the appropriate boxes to indica or likely releases of wastes to the environment                                                                                                                                                                                                                                     | ete any known, suspected,                                                                                                                                                                                                 | Kr:wn □ Suspected □ Likely □ Non                                   |
|   | Note: Items Hand I are optional. Completin hazardous waste sites. Although completin                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           | nd local governments in locating and assessing uraged to do so.    |
| H | Sketch Map of Site Location: (Option Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.                                                                        | al)                                                                                                                                                                                                                       |                                                                    |
|   |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                    |
|   | Description of Site: (Optional)  Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.             |                                                                                                                                                                                                                           |                                                                    |
| J | Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which                                                                                     | Name J. M. Birdsong                                                                                                                                                                                                       |                                                                    |

### Notification ( 'Hazardous Waste Sit^

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810608

|       |                                                                                                                                |                              |                                             |                                                                        | 61                                                                                               | 45                                      | 000                                 | 000                 | 0/02                                     |
|-------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------|---------------------|------------------------------------------|
| A     | Person Required to Notify:                                                                                                     |                              | Name West Point                             | Peppere1                                                               |                                                                                                  |                                         |                                     |                     |                                          |
|       | Enter the name and address of the or organization required to notify.                                                          | e person                     | Street P. O. Box                            |                                                                        |                                                                                                  |                                         |                                     |                     |                                          |
|       |                                                                                                                                |                              | City West Poin                              | t                                                                      |                                                                                                  | State                                   | GA                                  | Zip Code            | 31833                                    |
| 3     | Site Location:                                                                                                                 |                              | T . 1                                       | 1                                                                      |                                                                                                  |                                         |                                     |                     |                                          |
|       | Enter the common name (if know                                                                                                 | n) and                       | Name of Site L1nd                           | ale Mill                                                               | - Site #2                                                                                        |                                         |                                     |                     |                                          |
|       | actual location of the site.                                                                                                   | actual location of the site. |                                             | reet                                                                   |                                                                                                  |                                         |                                     |                     |                                          |
| 6     | FAD 0033220                                                                                                                    | 96                           | City Lindale                                | County                                                                 | F1oyd                                                                                            | State                                   | GA                                  | Zip Code            | 30147                                    |
| ;     | Person to Contact:                                                                                                             |                              |                                             | n. 1                                                                   | 7 \                                                                                              |                                         |                                     |                     | ······································   |
|       | Enter the name, title (if applicable business telephone number of the to contact regarding information submitted on this form. |                              | Name (Last, First and Title) Phone (205) 75 |                                                                        | g, J. M.,<br>X-2570                                                                              | Sup                                     | erviso                              | r                   |                                          |
| <br>) | Dates of Waste Handling:                                                                                                       |                              |                                             | · · · · · · · · · · · · · · · · · · ·                                  |                                                                                                  |                                         |                                     |                     |                                          |
|       | Enter the years that you estimate treatment, storage, or disposal beended at the site.                                         |                              | From (Year) 1979                            | To (Year)                                                              | 1979                                                                                             | - <del>-</del>                          |                                     | <u> </u>            |                                          |
| <br>E | Waste Type: Choose the optio                                                                                                   | n you pr                     | efer to complete                            |                                                                        | <u> </u>                                                                                         | ··_ · · · · · ·                         |                                     |                     |                                          |
|       | Option I: Select general waste tyl you do not know the general waste encouraged to describe the site in                        | te types or                  | r sources, you are                          | Resource                                                               | This option<br>Conservation<br>is (40 CFR Pa                                                     | and R                                   | ecovery A                           |                     |                                          |
|       | General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.     |                              | of Waste:<br>X in the appropriate           | EPA has a<br>listed in the<br>appropriate<br>the list of<br>contacting | Type of Wast<br>assigned a fo<br>he regulation<br>te four-digit r<br>hazardous w<br>I the EPA Re | ur-digit<br>s unde<br>number<br>astes a | r Section<br>in the bo<br>and codes | 3001 of loxes provi | RCRA. Enter<br>ded. A copy<br>btained by |
|       | 1.  Organics                                                                                                                   | 1. □ Mi                      | ining                                       | located.                                                               |                                                                                                  |                                         |                                     |                     |                                          |
|       | 2.  Inorganics                                                                                                                 | 2. 🗆 Co                      | onstruction                                 |                                                                        |                                                                                                  |                                         |                                     |                     |                                          |
|       | 3. ☐ Solvents                                                                                                                  | 3. 🖾 Te                      |                                             |                                                                        |                                                                                                  |                                         |                                     | -                   |                                          |
|       | 4. 🗆 Pesticides                                                                                                                | 4. □ Fe                      | 1                                           |                                                                        |                                                                                                  | ,,                                      |                                     |                     |                                          |
|       | 5.  Heavy metals                                                                                                               |                              | per/Printing                                |                                                                        |                                                                                                  |                                         |                                     |                     |                                          |
|       | 6. ☐ Acids                                                                                                                     |                              | ather Tanning                               |                                                                        |                                                                                                  |                                         |                                     | <u> </u>            |                                          |
|       | 7. 🗆 Bases                                                                                                                     |                              | on/Steel Foundry                            |                                                                        |                                                                                                  |                                         |                                     |                     |                                          |
|       | 8. D PCBs                                                                                                                      |                              | nemical, General                            |                                                                        |                                                                                                  |                                         |                                     |                     |                                          |
|       | 9. Mixed Municipal Waste                                                                                                       |                              | ating/Polishing                             |                                                                        |                                                                                                  | m 🛓                                     |                                     | ļ Ļ <u></u>         | 0                                        |
|       | 10. 図 Unknown<br>11. 図 Other (Specify)                                                                                         |                              | ilitary/Ammunition ectrical Conductors      |                                                                        |                                                                                                  | E                                       |                                     | '                   |                                          |
|       | Various dyes and                                                                                                               |                              | ansformers                                  |                                                                        |                                                                                                  |                                         |                                     | т 📖                 | 0                                        |
|       | pigments.                                                                                                                      |                              | ility Companies                             |                                                                        | <b>₹</b>                                                                                         |                                         |                                     |                     | 0                                        |
|       |                                                                                                                                |                              | anitary/Refuse                              |                                                                        |                                                                                                  | ,                                       |                                     | 1 1                 |                                          |
|       |                                                                                                                                |                              | notofinish                                  |                                                                        | <u> </u>                                                                                         | C7                                      | · 5                                 | rn -                |                                          |
|       |                                                                                                                                |                              | b/Hospital                                  |                                                                        |                                                                                                  | J                                       |                                     | 0                   |                                          |
|       |                                                                                                                                | 17. 🗆 Ur                     | *                                           |                                                                        | -                                                                                                | <u>-</u> ; _:                           | . I                                 |                     | ယ                                        |
|       |                                                                                                                                | 18. 🗆 01                     | ther (Specify)                              |                                                                        |                                                                                                  | **                                      |                                     |                     |                                          |
|       |                                                                                                                                |                              |                                             |                                                                        |                                                                                                  |                                         |                                     |                     |                                          |
|       | Form Approved                                                                                                                  |                              |                                             |                                                                        |                                                                                                  |                                         |                                     |                     |                                          |
|       | OMB No. 2000-0138                                                                                                              |                              |                                             |                                                                        |                                                                                                  |                                         |                                     |                     |                                          |
|       | EPA Form 3900:1                                                                                                                |                              |                                             |                                                                        |                                                                                                  |                                         |                                     |                     |                                          |

| Pi<br>in<br>in<br>gi<br>(v<br>u:       | Vaste Quantity: lace an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space ive the estimated combined quantity                                                                                                                                                                      | Side Two  Facility Type  1. □ Piles  2. □ Land Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | otal Facility Waste Amount unknown                                       |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Pi<br>in<br>In<br>gi<br>(v<br>u:<br>In | lace an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space live the estimated combined quantity                                                                                                                                                                                     | <ol> <li>□ Piles</li> <li>□ Land Treatment</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | otal Facility Waste Amount                                               |
| in<br>In<br>gi<br>(v<br>u:<br>In       | idicate the facility types found at the site.  In the "total facility waste amount" space live the estimated combined quantity.                                                                                                                                                                                                                          | 2.   Land Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | cubic feet unknown                                                       |
| In<br>gi<br>(v<br>u:<br>In<br>e:       | the "total facility waste amount" space ive the estimated combined quantity                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
| gi<br>(v<br>u:<br>In<br>e:             | ive the estimated combined quantity                                                                                                                                                                                                                                                                                                                      | 'U KU Londiill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | gallons                                                                  |
| u:<br>In<br>e:                         |                                                                                                                                                                                                                                                                                                                                                          | 3. ⊠ Landfill<br>4. □ Tanks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total Facility Area                                                      |
| e                                      | volume) of hazardous wastes at the site sing cubic feet or gallons.                                                                                                                                                                                                                                                                                      | 5.   Impoundment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | square feet unknown                                                      |
|                                        | the "total facility area" space, give the                                                                                                                                                                                                                                                                                                                | 6. ☐ Underground Injection 7. ☐ Drums, Above Ground                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |
| 0                                      | stimated area size which the facilities coupy using square feet or acres.                                                                                                                                                                                                                                                                                | 8.  Drums, Below Ground                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | acres                                                                    |
|                                        |                                                                                                                                                                                                                                                                                                                                                          | 9. Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |
| K                                      | nown, Suspected or Likely Releases                                                                                                                                                                                                                                                                                                                       | to the Environment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |
|                                        | lace an X in the appropriate boxes to indica<br>r likely releases of wastes to the environme                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Known ☑ Suspected ☐ Likely ☐ None                                      |
|                                        | lote: Items Hand I are optional. Completing azardous waste sites. Although completing                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ite and local governments in locating and assessing ancouraged to do so. |
| S                                      | ketch Map of Site Location: (Option                                                                                                                                                                                                                                                                                                                      | al)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |
| ti<br>ti                               | Sketch a map showing streets, highways, outes or other prominent landmarks near he site. Place an X on the map to indicate he site location. Draw an arrow showing he direction north. You may substitute a publishing map showing the site location.                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
|                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
|                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
|                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
|                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
| ti<br>s<br>ii<br>a<br>a                | Description of Site: (Optional) Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
|                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
|                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
|                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
| S                                      | Signature and Title.                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
| τ                                      | Signature and Title: The person or authorized representative                                                                                                                                                                                                                                                                                             | Name J. M. Birdsong                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C Owner Brases                                                           |
| (:                                     | such as plant managers, superintendents, rustees or attorneys) of persons required                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ————                                                                     |
| t                                      | o notify must sign the form and provide a                                                                                                                                                                                                                                                                                                                | Street P. O. Box 232                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |
| i                                      | nailing address (if different than address n item A). For other persons providing                                                                                                                                                                                                                                                                        | City West Point Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Operator, Presen                                                       |
|                                        | notification, the signature is optional.<br>Theck the boxes which best describe the                                                                                                                                                                                                                                                                      | 1 / /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ☐ Operator, Past                                                         |
|                                        | elationship to the site of the person                                                                                                                                                                                                                                                                                                                    | Signature T. M. Div de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ue 0/8/87                                                                |
| r                                      | equired to notify. If you are not required                                                                                                                                                                                                                                                                                                               | The state of the s |                                                                          |



June 8, 1981

U. S. Environmental Protection Agency Region IV Sites Notification Atlanta, GA 30308

To Whom It May Concern:

Enclosed please find completed EPA forms 8900-1 regarding waste disposal sites at our Lindale Mill. To the best of our knowledge and belief, neither of these sites presents a threat to the public health or welfare.

For further information, please contact me.

Sincerely yours,

J. M. Birdsong

Engineering Department

### POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

SITE 1.01 DER (to be as-REGION

| GADO03322096 FLUYD WEST POINT PEPPERELL/LI PARK ST LINDALE BIRDSONG, J. M., SUPERV  TYPE OF OWNERSHIP  [1. FEDERAL [2. STATE [3. COUN               | GAD0033220 WEST POINT PARK ST GA 31 LINDALE /1* 205/51 BIRDSONG,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 96 FLOYD PEPPERELL/LINDA J. M., SUPERVI*                                          | MAEN       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------|
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |            |
| "103-C MUTIFICATION" JIM SETZER PHUNE: 404-656-2833                                                                                                 | DATE: 810608                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · · · · · · · · · · · · · · · · · · ·                                             | DENTIFIED  |
| "103-C SUTIFICATION" JIM SETZER                                                                                                                     | DATE: 810608                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · · · · · · · · · · · · · · · · · · ·                                             | ny, & yr.) |
| "103-C NUTIFICATION" JIM SETZER PHUNE: 404-656-2833                                                                                                 | DATE: 810608                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Tho., do                                                                          | nv. & yr.) |
| "103-C BUTIFICATION"  JIM SETZER PHUNE: 404-656-2833                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ton to t.                                                                         | ny, & yr.) |
| "103-C MUTIFICATION"  JIM SETZER  PHUNE: 404-656-2833  II PRELIMIN  APPARENT OF OUSNESS OF PROBLEM  []1. HIGH []2. MEDIUM [X]3 LOW                  | NARY ASSESSMENT () omplet this section of the secti | ton to t.                                                                         | nv. & vr.) |
| "103-C MUTIFICATION"  JIM SETZER  PHUNE: 404-656-2833  II PRELIMIN  APPARENT SER DUSNESS OF PROBLEM  [1. HIGH ] 2. MEDIUM [X] 3 LOW  RECOMMENDATION | NARY ASSESSMENT () omplet this section of the secti | TE PASSE C. TO MERCEDED  TO THE PASSE C. TO MERCEDED  TO THE PASSE C. TO MERCEDED | ny, & yr.) |

III. SITE INFORMATION

A. SITE STATUS 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposed on a continuing basis, even if intro-quently.)

B. IS GENERATOR ON SITE! [ ] 1. NO

[ ] 2. YES (specify generator's four- aigit SIC Code):

D. IF APPARENT SERIOUSNESS OF CITE IS HIGH, SPECIFY (1) THE BOTTLS C. AREA OF SITE (1: acres) 1. LATITUDE (deg.=mln,= moc.)

paragraphic appromise seco

E. ARE THERE BUILDINGS ON THE SITE!

1. NO 2 YES (epecity):

| Continued From Front                            | <u> </u>             |                                                               |                           | and the second of the second o |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------|----------------------|---------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                 | 1\                   | . CHARACTERIZATI                                              | ON OF SITE ACTIVITY       | Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Indicate the major site act                     | ivity(ies) and deta  | ails relating to each as                                      | ctivity by marking 'X' is | n the appropriate boxe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| A. TRANSPORTER                                  | x.                   | B. STORER                                                     | C. TREATER                | · [4] 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D. DISPOSER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1. RAIL                                         | 1. PILE              |                                                               | 1. FILTRATION             | 1. LANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2. SHIP                                         | 2. SURFA             | CE IMPOUNDMENT                                                | 2. INCINERATION           | 2. LANDF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ARM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3. BARGE                                        | 3. DRUMS             | 5                                                             | 3. VOLUME REDUCT!         | ON 3. OPEN D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | UMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4. TRUCK                                        | 4. TANK.             | ABOVE GROUND                                                  | 4. RECYCLING RECO         | DVERY 4 SURFAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | E IMPOUNDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5. PIPELINE                                     | 5. TANK,             | BELOW GROUND                                                  | 5. CHEM./PHYS. TRE        | ATMENT 5. MIDNIG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | HT DUMPING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 6. OTHER (specify):                             | 6. OTHE              | ⇒ (specify):                                                  | 6. BIOLOGICAL TREA        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                      |                                                               | 7. WASTE OIL REPRO        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GROUND INJECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| E. SPECIFY DETAILS OF S                         | TE ACTIVITIES AS     | NEEDED                                                        | 9. OTHER (Specify)        | RY A STHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | {speci(y):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                 |                      | V. WASTE DELLA                                                | S. W.S. D.W.A.T.O.V.      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A. WASTE TYPE                                   |                      | V. WASTE RELAT                                                | ED INFORMATION            | and the contract of the second of the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1 UNKNOWN 2 L                                   |                      | SOLID 4 S                                                     | EUDGE    5. G             | AS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| B. WASTE CHARACTERISTI                          |                      | (Chiman e " ) a r                                             | ANDIOACTIVE TTTE U        | LEWIN WAR A FILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1 UNKNOWN 2 C                                   | EACTIVE 8            | NERT 1 9 F                                                    | CLAMMABLE                 | IGHLY VOLATILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10. OTHER (specify):                            |                      | roce tar <del>talisc</del> e protes secondos escues con con s |                           | in the section is the contract of the section of th | A suppose that the state of the |
| C. WASTE CATEGORIES 1. Are records of wastes av | aílable? Specify ito | ems such as manifests, in                                     | nventories, etc. helow.   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. Estimate the amount(s                        | specify unit of med  | sure)of waste by cate                                         | egory; mark 'X' to indic  | ate which wastes are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | present.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| a. SLUDGE                                       | b. OIL               | c. SOLVENTS                                                   | d. CHEMICALS              | P. SOLIDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | f. OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| AMOUNT AMO                                      | UNT                  | AMOUNT                                                        | AMOUNT                    | AMOUN .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| UNIT OF MEASURE UNIT                            | OF MEASURE           | UNIT OF MEASURE                                               | UNIT OF MEASURE           | UN 1 OF MEASURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UNIT OF MEASURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X' (1) PAINT. X' (                              | 1) OIL Y<br>WASTES   | X ITHALOGENATED SOLVENTS                                      | 'X' (1) A C (D 5          | X 119 1 YASH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 CABORATORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 121 METALS<br>SLUDGES                           | 210THER(specily):    | (2) NON-HALOGNIII<br>SOLVENIS                                 | 2) PICKLING<br>LIQUORS    | 21A5815TC5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | REHOSPITAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (3) POTW                                        |                      | (3) OTHER(Specify)                                            | . 3! CAUSTICS             | MULTIGA<br>MULE TABLUNGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 131 RADIOACTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (4) A LUMINUM<br>SLUDGE                         |                      |                                                               | (4) PESTICIOES            | 4) FERREDU -<br>4) SMLTG, WASTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | :41MUNICIPAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 15) OTHER(specify):                             |                      |                                                               | 'S: DYES/INKS             | SHET WASTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                 |                      |                                                               | :61 C YANIDE              | (6) (c) (d), is (specify);                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                      |                                                               | PHENOLS                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                      |                                                               | (B) HALOGENS              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                      |                                                               | (9) PCB                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                      |                                                               | TOTME TAUS                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                      |                                                               | (11) OTHER(apacify)       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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| 7 |  |    | - |

### POTENTIAL HAZARDOUS WASTE SITE INENTIFICATION AND PRELIMINARY ASSESSMENT

| REGION | SITE NUMBER (10 be               | ** |
|--------|----------------------------------|----|
| [      | SITE NUMBER (to be signed by Hq) |    |

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

| Agency; bite Tracking System; Hazardous waste Enforcement Task Force (EN-335); 401 M SL, SW; Washington, DC 20450.                                                                                                                      |                                                |                                 |                            |                                                          |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------|----------------------------|----------------------------------------------------------|--|--|
|                                                                                                                                                                                                                                         | NTIFICATION                                    |                                 |                            |                                                          |  |  |
| A. SITE NAME                                                                                                                                                                                                                            | 1                                              | other identifier)               |                            |                                                          |  |  |
| WEST POINT PEPPETTELL LINDALE HILL # 1                                                                                                                                                                                                  |                                                | STITEET                         | T = 225                    |                                                          |  |  |
| C. CITY                                                                                                                                                                                                                                 | D. STATE                                       | E. ZIP CODE                     | 1                          | TY NAME                                                  |  |  |
| LINDALE G. OWNER/OPERATOR (II known)                                                                                                                                                                                                    | 1 64                                           | 130147                          | I FLC                      | <u> </u>                                                 |  |  |
| 1. NAME                                                                                                                                                                                                                                 |                                                |                                 | 12. TELE                   | PHONE NUMBER                                             |  |  |
| BIRDSONG, J. M. SUPERVISOR                                                                                                                                                                                                              |                                                |                                 | 205                        | 756-711                                                  |  |  |
| H. TYPE OF OWNERSHIP                                                                                                                                                                                                                    |                                                |                                 |                            |                                                          |  |  |
| 1. FEDERAL 2. STATE 3. COUNTY 4. MUNIC                                                                                                                                                                                                  | CIPAL XIS.                                     | PRIVATE6.                       | UNKNOWN                    |                                                          |  |  |
| LAND TREATMENT LAND                                                                                                                                                                                                                     | E111                                           |                                 |                            |                                                          |  |  |
| LAND TREATMENT , LAND                                                                                                                                                                                                                   |                                                |                                 | =                          |                                                          |  |  |
| J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)                                                                                                                                                                    |                                                |                                 |                            | K. DATE IDENTIFIED                                       |  |  |
| 103 C NOTIFICATION                                                                                                                                                                                                                      |                                                |                                 |                            | (mo., day, & yr.)<br>G-8-8                               |  |  |
| L. PRINCIPAL STATE CONTACT                                                                                                                                                                                                              |                                                |                                 |                            | PHONE NUMBER                                             |  |  |
| MOSES N. MCCALL                                                                                                                                                                                                                         |                                                |                                 |                            | 656-2833                                                 |  |  |
| II. PRELIMINARY ASSESSME                                                                                                                                                                                                                | NT (complete t                                 | his section (set)               | 101                        | 000 -000                                                 |  |  |
| A. APPARENT SERIOUSNESS OF PROBLEM                                                                                                                                                                                                      | M ( (complete t                                | 100 0000001 1251)               |                            |                                                          |  |  |
| 1. HIGH 2. MEDIUM 3. LOW 4 NONE                                                                                                                                                                                                         | <b>X</b> 5. (                                  | UNKHOWN                         |                            |                                                          |  |  |
| B. RECOMMENDATION                                                                                                                                                                                                                       |                                                |                                 |                            |                                                          |  |  |
| 1. NO ACTION NEEDED (no hazard)                                                                                                                                                                                                         | 2 IMMER<br>a. TEN                              | DIATE SITE INSPECTATIVELY SCHED | CTION NEE<br>ULED FOR      | DED                                                      |  |  |
| 3. SITE INSPECTION NEEDED                                                                                                                                                                                                               | b. WILL                                        | L BE PERFORMED                  | BY:                        | · · ·                                                    |  |  |
| 1983                                                                                                                                                                                                                                    |                                                |                                 |                            |                                                          |  |  |
| b. WILL BE PERFORMED BY:                                                                                                                                                                                                                | MA SITE                                        | INSPECTION NEED                 | ED (low pri                | ority)                                                   |  |  |
| EPD                                                                                                                                                                                                                                     |                                                |                                 |                            | ,                                                        |  |  |
|                                                                                                                                                                                                                                         |                                                |                                 |                            |                                                          |  |  |
| C. PREPARER INFORMATION                                                                                                                                                                                                                 |                                                |                                 |                            |                                                          |  |  |
| 1. NAME                                                                                                                                                                                                                                 | 2. TELE                                        | PHONE NUMBER                    | スス                         | 9-15-8Z                                                  |  |  |
| JIM USSERY                                                                                                                                                                                                                              | 904                                            | 656-20                          | 7)                         | 1-13-02                                                  |  |  |
|                                                                                                                                                                                                                                         | FORMATION                                      |                                 |                            |                                                          |  |  |
| A. SITE STATUS  1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)  2. INACTIVE (Those office which no longer receive wastes.) | 3. OTHER<br>(Those sites to<br>no regular or c | hat include such inc            | identa like<br>alte for wa | "midnight dumping" where<br>note disposal has occurred.) |  |  |
| B. IS GENERATOR ON SITE?                                                                                                                                                                                                                |                                                |                                 |                            |                                                          |  |  |
| 1. NO 2. YES (apocify gene                                                                                                                                                                                                              | retor's four-difi                              | t SIC Code):                    |                            |                                                          |  |  |
| C. AREA OF SITE (In acres) D. IF APPARENT SERIOUSN                                                                                                                                                                                      | ESS OF SITE IS                                 |                                 |                            |                                                          |  |  |
| UNKNOWN 1. LATITUDE (dogminoo)                                                                                                                                                                                                          | c.)                                            | Ž. LONGITI                      | JDE ( <b>d0£.</b> ⊸i       | min                                                      |  |  |
| E. ARE THERE BUILDINGS ON THE SITE?                                                                                                                                                                                                     |                                                |                                 |                            |                                                          |  |  |
| i, NO 2. YES (specify):                                                                                                                                                                                                                 |                                                |                                 |                            |                                                          |  |  |
| Γ –                                                                                                                                                                                                                                     |                                                |                                 |                            |                                                          |  |  |

| 1. RAIL 1. PILE 1. FILTRATION 1. LANDES 2. SHIP 2. SURFACE IMPOUNDMENT 2. INCINERATION 3. BARGE 3. DRUMS 3. VOLUME REDUCTION 4. TRUCK 4. TANK, ABOVE GROUND 4. RECYCLING/RECOVERY 4. SURFACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| A. TRANSPORTER  B. STORER  C. TREATER  X  1. RAIL  1. PILE  1. FILTRATION  X  1. LANDED  2. SHIP  2. SURFACE IMPOUNDMENT  3. BARGE  3. DRUMS  3. VOLUME REDUCTION  3. OPEN D  4. TRUCK  4. TANK, ABOVE GROUND  4. RECYCLING/RECOVERY  4. SURFACE  5. SURFACE  4. SURFACE  5. SURFACE  6. SURFACE  7. SURFACE  7. SURFACE  7. SURFACE  8. S |                              |
| 1. RAIL 1. PILE 1. FILTRATION 2. SHIP 2. SURFACE IMPOUNDMENT 3. BARGE 3. DRUMS 4. TRUCK 4. TANK, ABOVE GROUND 4. RECYCLING/RECOVERY 4. SURFACE 4. SURFACE 4. SURFACE 5. STORER 5. TREATER 7. TREATER 7 |                              |
| 2. SHIP 2. SURFACE IMPOUNDMENT 2. INCINERATION 2. LANDY 3. BARGE 3. DRUMS 3. VOLUME REDUCTION . OPEN D 4. TRUCK 4. TANK, ABOVE GROUND 4. RECYCLING/RECOVERY 4. SURFACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D. DISPOSER                  |
| 3. BARGE 3. DRUMS 3. VOLUME REDUCTION . OPEN D 4. TRUCK 4. TANK, ABOVE GROUND 4. RECYCLING/RECOVERY 4. SURFACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LL                           |
| 4. TRUCK 4. TANK, ABOVE GROUND 4. RECYCLING/RECOVERY 4. SURFACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ARM                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UMP                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E IMPOUNDMENT                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HT DUMPING                   |
| S. OTHER (specify):  S. OTHER (specify):  S. OTHER (specify):  S. BIOLOGICAL TREATMENT  S. INCINET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BROUND INJECTION             |
| 8. BOLVENT RECOVERY B. OTHER ( 9. OTHER (epocity):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (epocity):                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
| E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
| V. WASTE RELATED INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |
| A. WASTE TYPE    X   1. UNKNOWN   X   2. LIQUID   3. SOLID   4. SLUDGE   8. GAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
| B. WASTE CHARACTERISTICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |
| 1. UNKNOWN 1 2. CORROSIVE 3. IGNITABLE 4. RADIOACTIVE B. HIGHLY VOLATILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |
| □ 1. REACTIVE □ 8. INERT □ 9. FLAMMABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |
| 10. OTHER (epecify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |
| C. WASTE CATEGORIES  1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |
| No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
| 2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | T                            |
| a. SLUDGE b. OIL c. SOLVENTS d. CHEMICALS o. SOLIDS  AMOUNT AMOUNT AMOUNT AMOUNT AMOUNT AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | f. OTHER                     |
| 11 12 ± 11 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |
| UNKNOWN 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNIT OF MEASURE              |
| UNIT OF MEASURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
| UNIT OF MEASURE UNIT OF MEASURE UNIT OF MEASURE GALLONS  X' (1) PAINT. X' (1) OILY X' (1) HALOGENATED X' (1) PAINT. X' (1) OILY X' (1) HALOGENATED X' (1) HALOGENATED X' (1) OILY X (1) OILY X' (1) OI | 'X'                          |
| UNIT OF MEASURE UNIT OF MEASURE UNIT OF MEASURE GALLONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (1) LABORATORY PHARMACEUT.   |
| UNIT OF MEASURE UNIT OF MEASURE UNIT OF MEASURE GALLONS  X' (1) PAINT, X' (1) OILY X' (1) MALOGENATED X' (1) ACIDS X (1) FLYASH  (2) METALS (2) OTHER (specify): (2) NON-MALOGENED (2) PICKLING (3) ASSESTANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ""PHARMACEUT.                |
| UNIT OF MEASURE  UNIT OF MEASURE  UNIT OF MEASURE  CALLONS  X' (1) PAINT. PIGMENTS  X' (1) OILY WASTES  (2) METALS SLUDGES  (2) OTHER (specify): (2) NON-HALOGNTD SOLVENTS  (3) OTHER (specify): (4) CAUSTICS  (3) OTHER (specify): (5) MILLING/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (2) HOSPITAL                 |
| UNIT OF MEASURE  UNIT OF MEASURE  UNIT OF MEASURE  CALLONS  (1) PAINT.  Y (1) PAINT.  PIGMENTS  (2) METALS SOLVENTS  (2) NON-HALOSNTD.  (3) POTW  (4) ALUMINUM SLUDGE  (5) OTHER (specify):  (6) OTHER (specify):  (7) (1) HALOGENATED (1) NON-HALOSNTD.  (2) PICKLING LIQUORS  (2) ASBESTOS  (3) CAUSTICS  (4) PESTICIDES  (4) PERROUS SMILT G. WASTES  (5) DYES/MKS  (6) NON-FERROUS SMILT G. WASTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (2) MOSPITAL (3) RADIOACTIVE |
| UNIT OF MEASURE  UNIT OF MEASURE  UNIT OF MEASURE  CALLONS  X' (1) PAINT, PIGMENTS  (2) METALS SLUDGES  (2) OTHER (specify): (2) NON-HALOSHTD SOLVENTS  (3) POTW  (4) ALUMINUM SLUDGE  (5) OTHER (specify): (4) PESTICIDES  (4) PESTICIDES  (4) PERFORMANTAL SMILTS  (4) OTHER (specify): (5) OTHER (specify): (6) OTHER (specify):  | (3) RADIOACTIVE              |
| UNIT OF MEASURE  UNIT OF MEASURE  UNIT OF MEASURE  CALLONS  (1) PAINT, PIGMENTS  (2) METALS SLUDGES  (2) OTHER (specify): (3) OTHER (specify): (4) ALUMINUM SLUDGE  (5) OTHER (specify): (6) OTHER (specify):  (6) OTHER (specify): (6) OTHER (specify): (6) OTHER (specify): (6) OTHER (specify): (6) OTHER (specify): (6) OTHER (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (3) RADIOACTIVE              |
| UNIT OF MEASURE  UNIT OF MEASURE  UNIT OF MEASURE  GALLONS  X' (1) PAINT. X' (1) ACIDS X' (1) A | (3) RADIOACTIVE              |
| UNIT OF MEASURE  UNIT OF MEASURE  UNIT OF MEASURE  CALLONS  (1) PAINT.  PIGMENTS  (2) METALS (2) OTHER (specify):  (3) POTW  (4) ALUMINUM SLUDGE  (5) OTHER (specify):  (6) ALUMINUM SLUDGE  (7) PIGMENTS  (8) OTHER (specify):  (8) OTHER (specify):  (9) OTHER (specify):  (1) ACIDS  (1) FLYASH  (2) PICKLING (2) PICKLING (2) ASBESTOS  (3) MILLING/MINE TAILINGS  (4) PERROUS (4) PERROUS (5) DYES/MKS  (6) CYANIDE  (6) OTHER (specify):  (7) PHENOLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (3) RADIOACTIVE              |
| UNIT OF MEASURE  UNIT OF MEASURE  UNIT OF MEASURE  UNIT OF MEASURE  CALLOUS  X (1) PLYASH  (2) METALS  (2) METALS  (2) OTHER (specify):  (3) OTHER (specify):  (4) ALUMINUM SLUDGES  (5) OTHER (specify):  VA (7) 0 U.5 DYC5  SPIGMENTS  (6) CYANIDE  (6) CYANIDE  (10) OTHER (specify):  (11) OTHER (specify):  (12) NON-HALOSENS  (13) MILLING/ MINE TAILINGS  (14) PESTICIDES  (15) MON-PERROUS SMLTG. WASTES  (16) OTHER (specify):  (17) PHENOLS  (18) HALOSENS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) RADIOACTIVE              |

V. WASTE RELATED INFORMATION (continued)
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hexard).

DYES & PAINT SCUDGE

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

|                                                           |                                              | VI. HAZ                                 | ARD DESCRIPT                            | TION       |
|-----------------------------------------------------------|----------------------------------------------|-----------------------------------------|-----------------------------------------|------------|
| A. TYPE OF HAZARD                                         | B.<br>POTEN-<br>TIAL<br>HAZARD<br>(mark 'X') | C.<br>ALLEGED<br>INCIDENT<br>(mark 'X') | D. DATE OF<br>INCIDENT<br>(mo.,day,yr.) | E. REMARKS |
| 1. NO HAZARD                                              |                                              |                                         |                                         |            |
| 2. HUMAN HEALTH                                           |                                              |                                         |                                         |            |
| 3. NON-WORKER 3. INJURY/EXPOSURE                          |                                              |                                         |                                         |            |
| 4. WORKER INJURY                                          |                                              |                                         |                                         |            |
| B. CONTAMINATION B. OF WATER SUPPLY                       |                                              |                                         |                                         |            |
| 6. CONTAMINATION<br>OF FOOD CHAIN                         |                                              |                                         |                                         |            |
| 7. CONTAMINATION<br>OF GROUND WATER                       |                                              |                                         |                                         |            |
| B. CONTAMINATION<br>OF SURFACE WATER                      |                                              | ANYLIÖ                                  | 4,                                      |            |
| 9. DAMAGE TO<br>FLORA/FAUNA                               |                                              | 30                                      | 3                                       | ·          |
| 10. FISH KILL                                             |                                              | 12/2                                    |                                         |            |
| 11. CONTAMINATION<br>OF AIR                               |                                              | <b>V</b>                                |                                         |            |
| 12. NOTICEABLE ODORS                                      |                                              |                                         |                                         |            |
| 19. CONTAMINATION OF SOIL                                 |                                              |                                         |                                         |            |
| 14. PROPERTY DAMAGE                                       |                                              |                                         |                                         |            |
| 15. FIRE OR EXPLOSION                                     |                                              |                                         |                                         |            |
| 16. SPILLS/LEAKING CONTAINERS/<br>RUNOFF/STANDING LIQUIDS |                                              |                                         |                                         |            |
| 17. SEWER, STORM<br>DRAIN PROBLEMS                        |                                              |                                         |                                         | ·          |
| 18. EROSION PROBLEMS                                      |                                              |                                         |                                         |            |
| 19. INADEQUATE SECURITY                                   |                                              |                                         |                                         |            |
| 20. INCOMPATIBLE WASTES                                   |                                              |                                         |                                         |            |
| 21. MIDNIGHT DUMPING                                      |                                              |                                         |                                         |            |
| 2 2. OTHER (epocity):                                     |                                              |                                         |                                         |            |
| ·                                                         |                                              |                                         |                                         |            |

| Continued From Front                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |                                        |                                    |                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------|------------------------------------|---------------------------------------------|--|
| VII. PERMIT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |                                        |                                    |                                             |  |
| A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |                                        |                                    |                                             |  |
| 1. NPDES PERMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. |                                        |                                    |                                             |  |
| 4. AIR PERMITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                        |                                    |                                             |  |
| 7 RCRA STORER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                                        |                                    |                                             |  |
| 7 RCRA STORER B. RCRA TREATER 9 RCRA DISPOSER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                                        |                                    |                                             |  |
| 10. OTHER (apocity): NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |                                        |                                    |                                             |  |
| B. IN COMPLIANCE?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      | .,                                     | ,                                  |                                             |  |
| 1. YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. NO                                                |                                        | 3. UNKNOWN                         |                                             |  |
| 4. WITH RESPECT TO (list regulation name & number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |                                        |                                    |                                             |  |
| VIII. PAST REGULATORY ACTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                                        |                                    |                                             |  |
| A. NONE B. YES (summerize below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                        |                                    |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                        |                                    |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                        |                                    |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                        |                                    |                                             |  |
| IV INCRECTION ACTIVITY (condition of the condition of the |                                                      |                                        |                                    |                                             |  |
| IX. INSPECTION ACTIVITY (past or on-going)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                                        |                                    |                                             |  |
| A NONE B. YES (complete items 1,2,3, & 4 below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                        |                                    |                                             |  |
| 1 TYPE OF ACTIVIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TY PAS                                               | DATE OF<br>IT ACTION<br>, day, & yr.)  | 3 PERFORMED<br>BY:<br>(EPA/State)  | 4. DESCRIPTION                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                        |                                    |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                        |                                    |                                             |  |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |                                        |                                    |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | -                                      | 1                                  |                                             |  |
| X. REMEDIAL ACTIVITY (past or on-going)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |                                        |                                    |                                             |  |
| -th.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |                                        |                                    | 1                                           |  |
| X A. NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |                                        | , 2, 3, & 4 below)                 | T                                           |  |
| 1. TYPE OF ACTIVIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TY PAS                                               | DATE OF<br>IT ACTION<br>I, day, & yr.) | J. PERFORMED<br>BY:<br>(EPA/State) | 4. DESCRIPTION                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                    |                                        |                                    |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                        |                                    |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                        | <del> </del>                       |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | }                                                    |                                        | 1                                  |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                        | <u> </u>                           | L                                           |  |
| NOTE: Based on the is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nformation in                                        | Sections II                            | I through X, fill                  | out the Preliminary Assessment (Section II) |  |
| information on the first page of this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                        |                                    |                                             |  |

PAGE 4 OF 4

EPA Form T2070-2 (10-79)